

CMH EMS Newsletter

CMH EMS Mission:

To provide safe, exceptional, and compassionate care to our communities with an emphasis on highly trained and empowered staff.



Neal's Notes

Jeff shared a paper talking about the difference between amateurs and professionals. It struck a chord with me. As we grow in our profession, we make decisions on a career path. What makes some people successful and what makes people mediocre? People are not born into becoming a professional. You grow into becoming a professional and the journey is never ending. The article talked about 24 items that are the difference between an amateur and a professional. I will share two.

1. Amateurs think they know everything. Professionals understand their circle of competence.

As a professional, you have an area or areas that you are highly competent in. You know it well and you are very strong in those areas. You also recognize where your weaknesses are and you find people to help you become stronger. You need to be honest with yourself and improve your weaknesses. We have to recognize our strong points and weak points so we can grow our circle of competence.

2. Amateurs focus on tearing other people down. Professionals focus on making everyone better.

We all become better when we all focus on helping each other, supporting each other, and building a team. Professionals realize that tearing people down is not productive and wastes

emotional energy. When we all support one another, help each other get better (improve weaknesses,) it makes work more enjoyable and helps you and us be stronger.

EMS is a rather new profession. As EMS grows, we must have professionals in EMS. It is a journey that you must be committed to and willing to take.

We need to shore up our communication with Polk County Dispatch. **Aaron** is going to talk about it in his section. I want to mention it also, because it is very important. We must get our house in order. Please review the CMH

Dispatch Policy. We need to communicate to dispatch what we are doing. We must provide them with our vehicle and crew status. Dispatch can only make as good a decision as the information

they have. It is up to us to provide that information so they know ambulance situations and status. If we provide them information and there are errors made, we can address those issues but we need to do our part to communicate to dispatch our situation and status.

This is the time of year where Cedar County has three back to back Special Events; Light the Lakes Concert, El Dorado Springs Picnic, and coming up in 12 days, the Stockton Wildlife

Challenge Triathlon. **Tom Ryan** does a great job handling these event and the Cedar County staff, with help from other bases, keep the events covered. Thanks to everyone that has helped in making this event successful. I hope to see you bright and early on August 5th at the Triathlon.

It has been hot. I think we may have a short reprieve, which I welcome. I hope everyone is enjoying summer activities.

Be Safe,
Neal T.

August 2018

Volume 4, Issue 12

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Polk County News—Aaron Weaver

Polk County Staff Meeting: Wednesday, August 22nd @ 0830

I know we have been having some troubles with dispatch lately. I understand it is very frustrating to you all. We are working to correct the problems but we must correct our own problems first. We have been talking about this for a while now. We need to be communicating better with dispatch. If not, they will not be able to succeed at what they are doing. We must communicate when we are in service, out of service, available, back in the county, out for fuel, etc. This weekend, we had to use a BLS truck on the P shift. Medic 2 went to Squad 2. Dispatch is not familiar with our operations, to them this looked like Medic 2 was still on shift and we added a BLS truck, they do not realize that this is the same truck. In order for them to have a chance to succeed, we need to give them the information to succeed. In order for us to identify the problems, we need to have our side shored up to know where to start. I need your immediate cooperation of this solution. I will be holding individuals accountable if they do not correct this problem. I am attaching the dispatch policy for you to review.

I will be moving staff meetings to the 4th Wednesday of every month now. I will also be adding it to the Google calendar so it will be easy to see the change. I will also send out a repeating invite to everyone's email.

Our last staff meeting did not have the attendance I was looking for. Steve and I covered a few things that I would like to share with those who missed it. Steve pointed out that the trucks have not been looking good. Yes, we have been washing the outside of the trucks but the inside of the trucks have been left looking bad. Part of washing a truck is making sure the dash is free of any dust. We need to pull the cot out sweep and mop. Also, we need to keep the truck disinfected by wiping it down with the grey tops. We will be inspecting the trucks. If they kept clean, I will be doing development plans.

Also, we are in a small area so tensions are going to be high when tempers flare. We are human. We are going to have some disputes, but we are adults. We need to take care of our disputes. We need to come to a common ground and goal and resolve the issue. We are not always going to get along with each other. I am the first to know this but I am aware of people texting others about what happened and keeping the pot stirred. THIS IS DRAMA! We really

have no place for it in the work place.. *How would you handle conflict with a peer or fellow employee?* Everyone I have interviewed answered the question the same; Talk to them and try to work it out. Well, that has not happened. I encourage you all to work out your differences. Yes, we will argue and fight – it is part of being a family. We need to keep the differences between each other instead of including others who are not involved and work it out.

I have also noticed more KUMNGO cups and linen sitting around. I also covered this in staff meeting. Pick your stuff up after you are done with it. Speaking of responsibilities, I see people lounging around taking naps and such. I want everything done before you get comfortable. This includes HEALTHSTREAMS. Our on time completion percentage is not very good, so I know they can be done instead of hitting the recliner and playing on your phone.

Now that all that is out of the way, I really do appreciate everyone's response to that staff meeting. Mandy, Goldie, Cody, Michaela went out and cleaned the inside of every back up truck. I think they looked good. I also like the fact that you all grabbed a senior medic to have them come out to take a look and give advice on what else can be done. I challenge everyone to keep up that kind of mentality and work ethic.

We have a driving class coming up in August. If you have not had a driving class and received an email that you need one, get into the class. This is a mandated certification by the state that we have current driving records and competencies on driving.

Aaron Weaver, Paramedic
Operations Manager - Polk County
CMH EMS

We need to be communicating better with dispatch. In order for us to identify the problems, we need to have our side shored up to know where to start.

HELLO FROM SUNNY HOT CEDAR COUNTY—TOM RYAN

Cedar County Staff Meeting: Thursday August 23rd @ 0830

Are you asking yourself “I wonder what is going on in Cedar County these days?” Well, let me tell you!

Summer is almost gone (yay) and fall is just around the corner (yippee) so start planning now for those cooler days and evenings. Look at your uniform – coat, sweater, boots, etc.

I would also like to say thanks to everyone that helped with the (LTL) Light the Lake and the El Dorado Picnic and/or covered the stations while these were going on in our county. These events went on without a hitch this year and everyone had a great time. As we see these events in the rear view mirror, we look forward to the Annual Stockton Triathlon coming up Aug 05th as well as the Stockton Black Walnut Festival. In addition, I guess it goes without saying that football season will also start soon.

Remember: School is back in session! Don't forget to watch out

for those little kiddos out running around, anxious to get to class and friends, while waiting on the corner for that “Big Yellow Bus.” Talking about those yellow busses, watch out for their stop signs during loading and unloading. We do not pass a bus, loading or unloading, even if we are running Priority 1/Code 3. I would rather do CPR on a patient for an extra minute or two then take a chance going around a bus with their stop sign out and striking a child. Folks, it's just not worth it - slow down and wait.

Local Events: I cannot tell you how sad I am over the tragic Ride the Ducks accident in Branson. My heart goes out the family members that lost love ones, and all the responders that had to work this terrible event. If nothing else, I hope and pray we can learn from this tragedy and it becomes an eye opener for other communities. We are already in the talking stage with Cedar County OEM regarding what we need to do and how we need

everyone to train for an event like this. I hope others are looking into this in their areas also. **WHAT WOULD YOU DO IT THIS HAPPENED TOMMORROW IN YOUR RESPONSE AREA?**
Cedar County Board Meeting Update: The CCAD Board voted this last month to go ahead and purchase another Stryker electric cot and Stryker load system for Medic 14. We will be taking immediate delivery of the Stryker cot. The Stryker load system delivery will not occur until the first of the year. This should complete our 2018 Budget with CCAD. We are working on 2019 Budget so, if you think of something we should have on the trucks or at the station, please contact me ASAP.

Tom Ryan
Operations Manager
CMH EMS Cedar Co.

We do not pass a bus, loading or unloading, even if we are running Priority 1/Code 3.

EMS EDUCATION

Summer Semester 2018

Date(s)	Wkdy	Times	Course Name		Instructor(s)
Aug 18	Sat	8a-12p	Traffic Incident Management (TIMS)		Brice Flynn
Aug 18 & 19	Sat, Sun	8a-5p	Emergency Vehicle Operator Safety (EVOS)		Theron Becker

Hickory & St. Clair County News—Alice Roberts

Hickory County Staff Meeting: Thursday August 9th @ 0830

It was great waking up to cooler temperatures this morning. It reminds me that fall is just around the corner. Varsity High School Football games and the Fall Harvest Festivals start this month. It will be a crazy, busy month along with all our other standbys. I hope I am able to find a caramel apple somewhere at one of these events.

I have been focusing on quality assurance review of ePCR charts where there is no patient transport in Osceola. I finished all of the April charts and have started on June. I am finding we ALL lack a lot of documentation on these types of charts. Please - when you get your monthly reviews from Theron, look these over as I am making lots of notes for needed improvement.

At our staff meeting in Osceola last month, we discussed how to properly fill out your chart and choose the right run disposition. If you missed this meeting, we will be going back over this at the Hickory station on August 9th at 8:30. Anyone department wide that would like to attend may do so if you feel like you need some help or clarification in these areas. Those who missed the Osceola Staff meeting -here is a second chance to make this up.

Just as a reminder:

ALL dispatched calls MUST have an ePCR that corresponds with that call. I am working on obtaining this information from dispatch to do spot checks and reviews. So please make sure you are getting these done.

If you are working any STANDBY, an ePCR needs to be filled out. Please choose "Other" as your run disposition. Run type will be Non-emergent, and then check the standby box below. This is how we are able to track the number of standbys as well as the amount of time that is involved each year.

Also, make sure that ALL non-patient transports still have who, what, when, why, and where. Be detailed as much as you can just as if you are transporting someone to the emergency room.

If you have any extremity pain, document arm or leg and which side of the body, how the injury happened, did the patient fall, how did the patient fall, what were they doing leading up to the fall, what caused them to fall, where was the patient at when they fell, down to what room they fell in. I believe you can get my drift with this. Details are a must with transport and non- transport patients.

STATION DUTIES:

We have been lacking in this area and for the most part there is no reason why we are not getting these done. Hickory's call volume is down, and Osceola does not have a large call volume. ALL EMPLOYEES need to work together as a TEAM as it shows being respectful and dedicated to not only your co-workers, but to CMH. Note books at each station are updated with the detailed station duty list. Please make sure that you are getting these done and signed off. Please do not initial or sign off for something that YOU did not personally do or help with as we should not take credit for something someone has done.

AMBULANCES: Please make sure your ambulance is washed and the inside is cleaned at the end of your shift. BOTH crew members need to be taking care of YOUR ambulance. You co-workers expect to have a clean office and your patients expect to have a clean ambulance to transport them.

I will be starting your Employee Based Evidence reviews shortly. So please, if you have not done so, go into Health Stream and fill out your self-evaluation. I posted the scores at each station to help you fill out your part. I will be meeting with each of you in a one-on-one conversation over the next month.

I hope you all have been enjoying your summer! There is not much time left until the cooler temps start rolling in. Thank you for all that you do and taking exceptional care of our community.

Alice Roberts BS, Paramedic
Hickory-Osceola Ops. Manager

"Our patients are not an interruption to our work, they are the reason for it. We are not doing them a favor by serving them. They are doing us a favor by giving us the opportunity to do so. OWN YOUR JOB- DON'T JUST OCCUPY IT."

Congratulations Emma and Bobby!



Mr and Mrs McAntire

Schedule Information

The Operation Managers have decided to go back to doing our scheduling as we used to. Too many glitches with filling open shifts, with Google calendar, as well as shifts have been disappearing on Google.

I will be emailing out the availability like I have done previously. Availability will first be emailed to PRN staff and giving them one week to respond with what they can work. PRN EMT staff: This will be a first come first serve up to 40 hours per pay period. Whatever shifts/standby's that are still open will be emailed out again to ALL staff as available. There will be one week to respond also. First come, first serve up to one extra shift per pay period. Once the schedule is emailed to staff, managers can fill their stations open shifts as they see fit.

I will be downloading the schedule on Google a few days before emailing to make sure ALL shifts downloaded properly. We have to make sure all are posted as I know many of you use the search bar to check your scheduled shifts.

Next schedule runs from September 16th to October 27th.

Request off are currently being CONSIDERED for **September 16th to December 31st** WHERE AVAILABLE.

PLEASE do not purchase non- refundable vacations prior to submitting your request off. Check with your manager and make sure that time span is available.

Vacation Bible School in Humansville



Bolivar Speedway

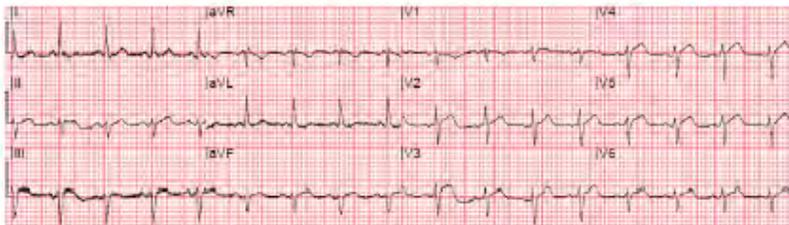


STEMI Case Report – H1170847

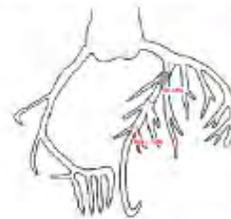
7/11/18

Patient	Symptom Onset	911	FMC 2ECG	Scene Time	CMH Arrival	D2MD	D2EOG	D2Actv	ED DIDO	CCL Time	D2B	FMC2B	Dr.	Quality Measures
51 y/o	4:18	4:18	7 min	24 min	6:02	0 min	-84 min	-69 min	1 min	24 min	25 min	116 min	Best	100%
F	El Dorado Springs	CMH EMS	Goal <10 min	Goal <20 min	Medflight	Goal <10 min	Goal <10 min	Goal PRE-Actv	Goal <30 min	Goal <20 min	Goal <90	Goal <120	Carter	ACC Guidelines Met

Narrative	Chief Complaint	Diagnosis	Outcome	Symptom Onset to PCI
Patient called 911 immediately upon onset when she awoke with symptoms. EMS ECG transmission & STEMI pre-activation performed per protocol. CMH EMS rendezvous with Medflight to CMH ED.	Acute onset of 9/10 chest pain radiating down right arm, associated with dyspnea & diaphoresis	Anteroseptal STEMI	95% prox-LAD → DES. EF = 55%. Discharged home the following day.	2 hrs, 9 min Goal < 4 hrs



Quality Cardiac Care Recommendations		
ASA within 24 Hrs of Arrival	MET	324mg by EMS
D2B < 90 min	MET	25 min
Antiplatelet Post-PCI	MET	Plavix 600mg by CCL
ASA @ D/C	MET	325 mg ASA
Antiplatelet @ D/C	MET	Plavix
Beta Blocker @ D/C	MET	Metoprolol
Statin @ D/C	MET	Atorvastatin 80mg
ACE-I / ARB for LVSD @ D/C	N/A	EF = 55%
LV Evaluation @ D/C	MET	LV Gram
Smoking Cessation Advice	MET	Current Smoker
Cardiac Rehab Referral	MET	Phase I



CMH EMS – William Walker, Stormy Mixon | Medflight | ED – Dr. Carter, Peggy Smith, Rhonda Lovell | CCL = Dr. Best, Rob Richardson, Breanna Barnett, Bryan Inman, Joel Thompson | ICU = (Admit) Jennifer Stevens, (D/C) Ashton Breesawitz | CR = Michelle Lentz

ACLS Renewal

(0830–1700) (CPR)

- ██████████ Aug 1
- ██████████ Aug 30
- ██████████ Sept 27
- ██████████ Oct 11
- ██████████ Oct 24
- ██████████ Nov 28
- ██████████ Dec 6
- ██████████ Dec 21

PALS Renewal

(0830–1700) (CPR)

- ██████████ Aug 9
- ██████████ Aug 24
- ██████████ Sept 21
- ██████████ Oct 18
- ██████████ Nov 16
- ██████████ Dec 13

12-Lead

(0830–1230) (CPR)

██████████ Dec 12

██████████ Aug 15

EMS ALL STAFF MEETING

Wed Sept 26 9am – 11am



Mercy Joplin Fall Trauma Conference

Friday, August 24, 2018 | 8 a.m. – 5 p.m.

Mercy Conference Center | Mercy Hospital Joplin | 100 Mercy Way

Register Online at mercy.net/JoplinTrauma2018

Upon completion of this program, the participant will be better able to:

- Identify anti-coagulants and anti-platelet medications in traumas and the risk involved.
- Explain pediatric airway management and basic resuscitation management in blunt solid organ injuries.
- Identify common burn prevention and differentiate between resuscitation fluid and maintenance fluid related to pediatric burn injuries.
- Discuss abusive head trauma injuries as it relates to the pediatric patient and identify the factors that can potentiate secondary injuries.
- Discuss pediatric case presentations in risky behaviors.
- Discuss acute traumatic coagulopathy, the use of ketamine, and tactical medicine.
- Discuss each healthcare professional's role in organ donation of the trauma patient.
- Differentiate between partial thickness and full thickness burns in initial burn care and discuss transfer criteria to a burn center.

Mercy Hospital Joplin is accredited by the Missouri State Medical Association to provide continuing medical education for physicians.

Mercy Hospital Joplin designates this live activity for a maximum of 8.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activities.

Mercy Health Central is an approved provider of continuing nursing education by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

8 Contact Hours

Provider Approval Number M0220-11

This event has been approved for trauma credit by Mercy Hospital's Trauma Department. Participants will receive a total of 4.0 adult and 4.0 pediatric trauma credit hours.

For more information, contact Katie Harden at Katie.Harden@mercy.net or 417-556-6939.



Current Status: *Active*

PolicyStat ID: 4728024



Effective:	10/2012
Approved:	03/2018
Last Revised:	03/2018
Review Due:	03/2021
Owner:	<i>Neal Taylor: DIR-CMH HOS Ambulance-Pol</i>
Policy Area:	<i>PreHospital</i>
References:	<i>Hospital</i>

Ambulance Dispatch, PHS01-35

POLICY:

The designated Emergency Medical Services (EMS) Dispatch Center shall seek to ensure dispatch of the advanced life support (ALS) ambulance which has the shortest estimated time of arrival (ETA) to the scene of Priority One and Two responses. Citizens Memorial Hospital/Citizens Memorial Healthcare Foundation (CMH) ambulances will be dispatched in an efficient manner to each request for service.

PURPOSE:

To establish standards and procedures for the dispatch of emergency medical resources to medical emergencies and to ensure ALS ambulance is available for 911 Response in CMH service areas.

PROCEDURE:

A. Definitions

1. **Advanced Life Support Ambulance (ALS Ambulance)** - A ground ambulance staffed and equipped to provide advanced life support consistent with state laws and CMH Emergency Medical Services (EMS) policies, procedures, and protocols. Referred to and identified on the radio as Medic.
2. **Arrive Destination, On Scene Hospital** - The time that an ambulance arrives at an appropriate receiving location or at the rendezvous point with another EMS provider.
3. **At Scene, On Scene** - The time at which the responding ambulance is no greater than 200 feet from the location that the ambulance will be parked on scene or arrive at a staging area.
4. **Available on air or on the air** - The time an ambulance is available on communications equipment to respond as directed by the designated EMS Dispatch Center or out of station mobile available for call but is not on the CMH campus.
5. **Automatic Vehicle Locator (AVL)** - is the device that makes use of Global Positioning System(GPS) that allows the ambulances to be remotely tracked. AVL information should be used to dispatch ambulance efficiently.
6. **Back-up** - An ambulance and crew requested to assist other ambulance(s) and crew(s) on the scene of an emergency.
7. **Basic Life Support Ambulance (BLS Ambulance)** - An ambulance staffed and equipped to provide basic life support in full compliance with applicable laws and CMH Pre-Hospital Services (PHS)

- policies, procedures, and protocols. Referred to and identified on the radio as Squad.
8. **Call Received, Time of Call** - The time the request for the ambulance was made. The time that the callback number, location, and symptom(s)/type of incident has been received at the designated EMS Dispatch Center so that a proper ambulance dispatch can be determined and made.
 9. **Clear from Scene or En Route Hospital** - The time an ambulance departs from the scene en route to an appropriate receiving location or rendezvous point.
 10. **Designated EMS Dispatch Center** - A dispatch center approved and authorized by CMH Board of Directors to dispatch CMH ambulances.
 11. **Dispatched (DSP)** - The time the responding crew is initially alerted to the incident and has received enough information to respond appropriately (i.e. location, chief complaint, priority dispatch code). Dispatch strives for a 2 minute dispatch time, when possible.
 12. **En Route** - The time an ambulance has departed from current location in order to respond to a request for an ambulance. Dispatch will give responding unit secondary information within 2 minutes of calling en-route, when possible.
 13. **End of Shift (EOS)** – The last 30 minutes of a shift. The unit will notify dispatch of EOS and then will move to the back of the response rotation. The crew can designate EOS only if the county is not Status One.
 14. **Estimated Time of Arrival (ETA)** - The estimated time emergency medical services resources will arrive at a specific location.
 15. **First Responder Agency** - An agency which responds to medical emergencies as part of the organized EMS system in order to provide Basic Life Support (BLS) procedures prior to the arrival of an ambulance or to assist ambulance personnel in their performance of rendering emergency medical care to a person or persons suffering from an illness or injury.
 16. **Medical Emergency** - A situation in which there is a real or perceived need for immediate action, attention, or decision-making to prevent mortality or serious morbidity.
 17. **Multi-Casualty Incident (MCI) Plan** - The procedure followed the EMS Agency in the event that an MCI is declared.
 18. **Posting** - The term used to denote the strategic location of an ambulance for the purpose of providing the most reasonable response times to an area.
 19. **Secondary Information** – Repeats the location and additional information pertaining to the response. Secondary information will be given within two minutes of the unit calling en route, when possible.
 20. **Stage** - The term used to denote the strategic movement of an ambulance to a specific area to provide a safe area for stand by while the scene is made safe.
 21. **Standby** - The term used to denote that an EMS vehicle is staged near an activity for which it is presumed there is a high likelihood that a medical emergency will occur.
 22. **Status One** - There is only one ALS ambulance available in the county/service area.
 23. **Windshield Report or Scene Size Up** - Upon arrival on scene a report of what is seen by the crew. This is to be used on scenes where a visual scene assessment can be made from the cab of the ambulance.
 24. **Out of Hospital Response Codes** - Calls from Long Term Care Facilities, Clinics and Physician

Office will be treated as if a private party is called.

25. CMH Hospital Transfers

CMH EMS Hospital Transfer Response Codes Polk County

A. Priority 1:

1. Time Critical Diagnosis: ST Segment Elevation Myocardial Infarction (STEMI), Stroke, Trauma, Sepsis
2. The patient is being transferred for immediate surgery or immediate treatment for trauma or medical condition.
3. Urgent Obstetrics (OB)
4. **If a CMH Ambulance is not immediately available air transport is recommended.**

B. Priority 2: Triage order

1. Order of Priority 2 Transfers will be completed by Nursing Unit as follows:
 - a. Emergency Room (ER)
 - b. Obstetrics (OB)
 - c. ICU
 - d. Medical /Surgical (M/S)
2. Patient is a direct admit to an Intensive Care Unit (ICU)
3. The is stable. The transfer is to a higher level of care for further treatment at a tertiary care center.
4. The transfer should not be delayed for an extended period of time because of the possibility that the patient condition could become unstable.
5. Priority 2 transfers will not be initiated when the county is Status One. (1 ambulance available in the county) Status 1 should be maintained to handle 9-11 emergency response coverage for the Community. Priority 2 transfers will not be complete until all priority 1 transfers have been completed.

C. Priority 3: waiting time could be as long as 2 + hours

1. Order of Priority 3 transfers will be completed by nursing unit as follows:
 - a. Emergency Room (ER)
 - b. Obstetrics (OB)
 - c. ICU
 - d. Medical /Surgical (M/S)
2. Criteria for Priority 3 patients:
 - a. The transfer needs to be complete in a reasonable amount of time
 - b. Patient is being transferred for specialized care
 - c. Patient is being transferred for ongoing care for non-acute or chronic medical condition.
 - d. Surgery is need and will be scheduled at a tertiary care center the next day or at a later date.
 - e. A patient with a time in ER greater than 24 hours may become a Priority 2
3. Priority 3 transfers will not be initiated until there are at least 2 ambulances available in the County to

maintain 9-11 call coverage. All Priority 1 and 2 transfers will be completed prior to priority 3 transfers.

4. **Priority 4** transfers will not be initiated until there is adequate ALS ambulance coverage available in the county to maintain 9-11 call coverage. **Wait time could be as long as 4 + hours.**

- a. Criteria for Priority 4 patients:

5. BLS Ambulance may be used
6. Patient is stable
7. The transfer is scheduled
8. Patient is being transferred to Long Term Care, Specialty Care or home

- D. If county-wide ambulance availability is at Status One (one ambulance available to respond to 911 calls), the ALS ambulance providing Status One coverage shall not be used for Priority Three or Four transfers outside the City of Bolivar.

- E. The dispatch of CMH PHS resources shall be made in accordance with the response level specified on the Emergency Medical Dispatch PROQA approved by the CMH PHS Medical Director. For transfer out of CMH Hospital see above hospital code approved by Director or PHS and the PHS Medical Director.

- F. An ALS ambulance shall be dispatched in response to Priority One and Two 911 calls. If a ALS unit not available Mutual Aid will be sent. If a BLS ambulance is available dispatch the BLS ambulance to the call but continue the ALS ambulance that was called for Mutual Aid. If Mutual Aid not available suggest flight options.

- G. The EMS Dispatch Center shall record the following for every request for a ground ambulance service:

- a. Time of call (TOC)
- b. Time dispatched
- c. En-route to scene
- d. On scene
- e. Leaving scene
- f. Arrive destination
- g. In-service time

- h. A Run Number will be issued at the time the ambulance notifies dispatch it is en-route.

- i. The designated EMS Dispatch Center shall strive to ensure that an ALS ambulance is dispatched to Priority One calls in 2 minutes or less after the call is received by the EMS dispatch center. CMH PHS will report call processing time at the PHS QA meeting, and to the PHS and Dispatch Medical Director, and CMH COO.

- j. During periods of time when ambulances are not available for response, the designated EMS Dispatch Center shall obtain mutual aid response.

- k. In each instance when a CMH ambulance is not available to respond to a request for an emergency, an EMS Missed Run Log entry will be made and kept. A report of missed runs will be sent to the Director of CMH EMS not later than the 5th day after the beginning of each month

- l. The EMS Dispatch Center shall monitor ambulance movement through AVL. The EMS Dispatch center will dispatch the closest ambulance for Priority One and Two responses. If EMS dispatch does not dispatch the closest ambulance and a closer ambulance is monitoring radio traffic and responds,

the diversion of such call does not change or replace the TOC originally established for that specific call. The EMS Dispatch Center may continue the response of the primary ambulance that it had dispatched.

- m. If a CMH ambulance just arrived at or is transporting a patient to CMH or CMH facility, and a Priority One or Two request from the hospital or CMH facility has been taken, check with ambulance crew for quick turn around and obtain an estimated time they can be enroute to the call. . If the time is within 20 min, dispatch may use this unit for a quick turn-around. 911 calls will require automatic mutual at the time of call. If CMH can get to the scene of the call within 20 min they can be used for a quick turn-around, however, mutual aid will need to continue until canceled by dispatch.
- n. If a patient is taken to CMH, unless otherwise noted, the ambulance is available for a response upon arrival. An ambulance will be considered back in service 15 minutes after arrival that has transported a patient to CMH Med/Surg, ICU, The Birth Place, Parkview Wellness Unit, or a local nursing facility unless dispatch is contacted and a time of in-service is given.
- o. If unable to respond due to condition of the truck, the crew will give dispatch an estimated time out of service upon arrival at CMH ER or upon enter CMH service area.

H. Mutual Aid

- 1. A request for mutual-aid ambulance from an adjacent county will be honored if Polk County has a unit available. Dispatch may use discretion to contact supervisor of EMS if extenuating circumstances are taking place as to why the last unit should not be used. Polk County EMS Supervisor will determine if it should be sent.

2.

I. Required Radio Calls by Ambulance Crews

- 1. Check in with dispatch during the first 15 minutes of shift with the truck number and crew members.
- 2. Ambulance crew will advise dispatch that they are mobile when they are out of the station and not on the CMH Hospital campus. Crew members should stay together during their shift to allow for immediate response. Failure to do so could lead to disciplinary action.
- 3. Advise dispatch of stops made with or without patients on board
- 4. En route to response, with mileage
- 5. On scene of response with mileage and windshield report
- 6. Leaving the scene with number of patients, riders, priority, and destination
- 7. Arrive at destination with mileage
- 8. Back in service, available
- 9. Highway 44 13 returning to service area
- 10. Highway 54 and 13 returning to service area
- 11. Returning from outside the county back into the service area
- 12. During the last 30 minutes of the shift, the crew may designate End of Shift (EOS) and use this time to restock, clean, and wash truck. If the county is Status One the crew may not go EOS.
 - a. When a truck calls EOS, they will be moved to the end of the response rotation
- 13. Out of Service, End of shift

- a. Prior to going out of service at the conclusion of the scheduled shift, dispatch is to be notified on the radio regarding possible pending calls. If no calls are pending, the unit may go out of service notifying dispatch of unit number.
- b. If a call is pending, unit is to be dispatched. Dispatch administrator or shift lead may hold the ambulance on duty for one hour with approval by the Director of PHS, operations manager, supervisor or designees. Refer to [PHS01-19, "Ambulance Crew Hold Over."](#)
- c. If unable to respond due to condition of the truck, dispatch is to be given a estimated time out of service.

J. Dispatching Ambulances

1. On duty crew members will carry a hand held radio while on duty.
2. Crew should make an effort to keep dispatch advised of status and location.
3. Cooperation between ambulance crew and dispatch is imperative to provide the quickest response possible to an emergency request for service. Respect is mandatory from both parties.
4. A form of call rotation will be used by Dispatch.
5. Crew should respond as directed by dispatch. Disputes are not to be handled by the crews at the time of dispatch. Dispatch Grievance Form should be completed after the response is completed and forwarded to Director of EMS.
6. The Director of EMS, managers, or Supervisor has the option of redirecting dispatch.
7. The closest ambulance to an emergency request should be dispatched. Dispatch will monitor AVL and dispatch the closest ambulance that is appropriate for the call or situation. On duty crews should monitor CMH EMS and notify dispatch if they are available and closer to a request for service.

K. Ambulance Dispatch Procedures to be Followed

1. Crews responding to calls should scan appropriate agency channels pertaining to the call to help maintain situational awareness.
2. When notifying the ambulance number will be used.
3. The crew should respond in one minute by radio after receiving the dispatch tone.
4. Crew members are expect to be en route in less than 2 minutes on Priority one calls.
5. If crew does not respond in one minute a second disptach should be transmitted.
6. If crew does not respond within one minute after the second disptach, the next ambulance up in call rotation ambulance will be dispatched. A Dispatch Grievance form may be completed by dispatch and sent to the Director of PHS.
7. Initial dispatch should be: Medic Number (#) _____, respond priority to the _____ general location and/or town , call nature, priority dispatch code, and dispatch time. Example – Medic 707, respond Priority 1, Bolivar area, fall, 17 D-3, time 14:27..
8. Secondary information is given when ambulance is en-route.
9. Ambulances shall identify themselves by unit number when communicating with dispatch. When communicating with ambulances, dispatch shall acknowledge by using unit number. An effort shall be made by dispatch to respond to an ambulance transmission immediately. Example - M707, en route 1520. This shall be done each time an ambulance is answered.
10. Ambulances shall acknowledge dispatch on the radio by using their unit number.

L. Dispatching Long Distance Transfers (LDT):

1. A LDT is a transfer greater than 100 miles one way.
2. When a LDT is received, contact the supervisor that is on duty. If there is not a supervisor on duty contact the Polk County Operations Manager or Director PHS, . If the Director PHS, Operations Manager are not available, and a Supervisor is not on duty, contact the On Call Supervisor for a decision on how to handle the transfer.
3. In an situation when the LDT is a Priority One, and the on duty crews do not have enough time left in their shift to make the transfer, the crew with the most time left in their shift will be chosen to complete the transfer or an effort shall be made to have the next crew to come on duty early to make the transfer.
4. The crews are expected to affect all transfer as safety and efficiently as possible. Lingerig will not be tolerated.

M. Request of a Medical Helicopter

1. Crew should request a medical helicopter from CMH EMS dispatch.
2. Requesting ambulance crew should if possible give location of expected landing zone (LZ)
3. Number of patients needing to be transported by the helicopter emergency medical service (HEMS) and estimated weight if possible.
4. Chief complaint or incident information
5. If hazardous material is involved, this information will be given to HEMS provider
6. Dispatch shall contact Cox Air Care dispatch for HEMS first since cox Air Care has an aircraft located at CMH in Bolivar. If Cox Air Care cannot provide an aircraft in an acceptable time frame, Polk County dispatch will request Cox Air Care dispatch to check other helicopter services.
7. If a Helicopter EMS Service turns down a request due to weather. Helicopter shopping will not be tolerated.
8. Dispatch shall contact crew with confirmation of aircraft en route, service provider, and ETA.
9. If dispatch is notified the aircraft cannot make it to the call, the ambulance crew will be notified as soon as possible.

N. CMH Hickory County, Cedar County and Osceola EMS, shall contact Polk County dispatch when the unit:

1. Arrives at CMH
2. Leaves CMH
3. When passing through Polk County without a patient on board
4. When in the Bolivar area, check to see if there is a transfer back to their home service area.

O. Traveling through non-home county in the CMH service area contact the County Ambulance dispatch you are passing through and keep them apprised of you activities as follows

1. Entering county traveling through
2. Leaving county

Attachments:

No Attachments

Approval Signatures

Approver	Date
DeAnna Hedger: DIR-CMH SHA PI	03/2018
JEFF MILLER: COO-CMH HOS Admin	03/2018
Neal Taylor: DIR-CMH HOS Ambulance-Pol	03/2018

Applicability

Citizens Memorial Hospital District

COPY

EMS EDUCATION

Fall Semester 2018

Date(s)	Wkdy	Times	Course Name		Instructor(s)
Sep 3	Mon		Labor Day (No Classes)		
Sep 8	Sat	8a-5p	EMS Safety (for EMT Academy)		Becker & Young
Sep 12	Wed	7a-8a	CMH EMS Education Advisory Board Meeting		Theron Becker
Sep 22	Sat	8a-5p	Basic Life Support CPR (for EMT Academy)		Brianna Becker
Oct 5	Fri	9a-5p	Clinical Educator Annual Course - Option 1		Theron Becker
Oct 6	Sat	8a-5p	Psychological Trauma in EMS (for EMT Academy)		Morgan Young
Oct 10	Wed	10a-2p	Competencies Option 1 (Endocrine Emergencies)		Hickory FTOs
Oct 10	Wed	2p-6p	Competencies Option 2 (Endocrine Emergencies)		Hickory FTOs
Oct 11	Thu	6p-10p	Competencies Option 3 (Endocrine Emergencies) at Stockton Ambulance Station		Hickory FTOs
Oct 13	Sat	9a-5p	Clinical Educator Annual Course - Option 2		Theron Becker
Oct 20	Sat	10a-2p	Competencies Option 4 (Endocrine Emergencies)		Hickory FTOs
Oct 20	Sat	2p-6p	Competencies Option 5 (Endocrine Emergencies)		Hickory FTOs
Oct 23 & 25	Tue & Thu	9a-5p	Pediatric Advanced Life Support (for Paramedic Academy)		
Oct 27	Sat	1p-2p	Bleeding Control Basic		Theron Becker
Oct 27 & 28	Sat & Sun	8a-5p	PreHospital Trauma Life Support		Becker, Stroud, & Young
Nov 3	Sat	1p-2p	Bleeding Control Basic (for EMT Academy)		Theron Becker
Nov 3 & 4	Sat & Sun	8a-5p	PreHospital Trauma Life Support (for EMT Academy)		Becker, Stroud, & Young
Nov 6 & 8	Tue & Thu	9a-5p	Geriatric Education for EMS (for Paramedic Academy)		Becker, Stroud, & Young
Nov 11 & 12	Sun & Mon		Veterans Day (No Classes)		
Nov 17	Sat	8a-12p	Cox Air Care Landing Zone (for EMT Academy)		Shelly Elsey
Nov 17	Sat	1p-5p	Class E Driver and Hazmat Awareness (for EMT Academy)		Theron Becker
Nov 22	Thu		Thanksgiving Day (No Classes)		
Nov 27	Tue	9a-5p	All Hazard Disaster Response (for Paramedic Academy)		Morgan Young
Nov 28	Wed	8a-5p	Hazmat Medic		Michael Schultz
Nov 29	Thu	8a-5p	Hazmat Medic (for Paramedic Academy)		Michael Schultz
Dec 1	Sat	8a-12p	Traffic Incident Management (for EMT Academy)		Brice Flynn
Dec 1 & 2	Sat & Sun	8a-5p	Emergency Vehicle Operator Safety (for EMT Academy)		Becker, Flynn, & Stroud
Dec 4 & 6	Tue & Thu	9a-5p	Tactical Emergency Casualty Care (for Paramedic Academy)		Becker, Liccardi, & Stroud
Dec 8	Sat	8a-12p	Traffic Incident Management		Brice Flynn
Dec 8 & 9	Sat & Sun	8a-5p	Emergency Vehicle Operator Safety		Becker, Flynn, & Stroud
Dec 21	Fri	6p	EMT and Paramedic Graduation Ceremony		
Dec 25	Tue		Christmas Day (No Classes)		

All courses require completion of a registration application. The link is at the bottom of this announcement.

Application deadline is two weeks prior to the start date of the course unless otherwise specified.

All course locations are CMH EMS Headquarters (1525 N Oakland, Bolivar, MO) unless otherwise specified.

For more information: theron.becker@citizensmemorial.com

To register:

www.ozarksems.com/education-application.php



CLINICAL EDUCATOR COURSE

October 5th (9a-5p)

-OR-

October 13th (9a-5p)

Clinical Educators are used in a multitude of ways in both the Emergency Department and EMS Departments here at CMH. They are known as Field Training Officers, Preceptors, or Instructors, but in practice, they are the senior staff members that fill the most critical part of the leadership hierarchy.

Core components of what Clinical Educators may be expected to do include:

- Apply adult education concepts to dynamic healthcare environments.
- Manage job shadows, students, and new hires to keep them safe, provide patient safety and care, AND facilitate their learning.
- Show CMH PRIDE in everything you do. Your peers are watching you.
- Be the informal leaders taking on "other duties as assigned"

If you are the type of person that works at the top of your ability and would rather be the architect of what your department will look like in five years instead of the tenant... **We challenge you to become a Clinical Educator.** Learn and build your program with your peers in the ER and EMS departments.

Prerequisites include:

- Be licensed for at least **two years**.
- Be a CMH employee for at least **one year**.
- Complete this **annual education**.
- Be approved by your **direct supervisor** annually.

This year's course is being offered twice (**Friday, October 5th** or **Saturday, October 13th**).

There are three parts to the course:

- **Part #1 (9 AM - Noon):** This is the "initial educator" portion of the day. If you have never taken this or similar courses or you do not successfully pass the pre-course quiz, you will need to attend this part.
- **Part #2 (1 PM - 3 PM):** This is the "educator refresher" portion of the day. Everyone must attend this part.
- **Part #3 (3 PM - 5 PM):** This is the "quality improvement" portion of the day. If you are interested in quality improvement programs in your department, please attend this part.

Application deadline is 8 AM on Monday, September 24th. You will then, be assigned a HealthStream that must be completed by 8 AM on Monday October 1st. Failure to pass this HealthStream will require you to attend part #1 that starts at 9 AM.

All course locations are CMH EMS Headquarters (1525 N Oakland, Bolivar, MO) unless otherwise specified.



For more information: theron.becker@citizensmemorial.com

To register:

www.ozarksems.com/education-application.php

