Arizona EMS and Trauma Data Initiatives

Data Leadership Meeting
The Bureau is pleased to announce that on October 24, 2006, Dr. Clay Mann, the co-project investigator for NEMSIS and lead project investigator for NTRSP, will participate in the Bureau-sponsored Data Leadership Meeting in Phoenix.

We will be inviting the EMS regions to provide updates about their EMS data collection activities. The Bureau’s Trauma Registry personnel will provide information about the Trauma Registry and confer with Dr. Mann on best practices for moving Arizona toward a leading position in data collection. Look for a specific announcement about this meeting.

State Trauma Registry
The Bureau of Emergency Medical Services and Trauma System and the Bureau of Public Health Statistics are pleased to announce that, following an intensive statewide data standardization and conversion project with all State Trauma Registry participating hospitals, we now have the capability to produce meaningful and reliable trauma data reports. Initial reports will be provided to the State Trauma Advisory Board (STAB) and the Arizona Trauma System Quality Assurance and System Improvement Committee (AZTQ) at the upcoming September 2006 meetings.

There are nine hospitals participating in the State Trauma Registry, with four additional hospitals to begin submitting data soon. The Bureau provides Trauma One software and training to participating hospitals. Trauma Registry data will provide numerous benefits including prioritizing and evaluating public health interventions relating to injury prevention; evaluating and improving the timeliness, appropriateness, and quality of patient care; providing data for clinical benchmarking, process improvement, and patient safety; and providing the capability to monitor trauma system trends.

STAB is charged with making recommendations on the state emergency medical services and trauma system quality improvement processes, including the State Trauma Registry. AZTQ, a subcommittee of STAB, is responsible for recommending standards for a uniform data collection system for the Trauma Registry, for maintaining confidentiality of Trauma Registry data, for the use of aggregate Trauma Registry data, for the release of such information, and for developing methods for continual quality enhancement of Trauma Registry data and the quality assurance process.

Emergency Medical Services Data Collection
While the Bureau does not currently collect EMS data, it is supportive of the data collection efforts of the regional EMS Councils. The Bureau sees a possible role working with the regions to develop a common data element package and identifying a single statewide data dictionary.

Cardiovascular Data Registries
The Save Hearts in Arizona Registry & Education (SHARE) Program had its preliminary research abstract accepted in the upcoming American Heart Association Annual Meeting scheduled for November 2006.

A few large cities have published their out-of-hospital cardiac arrest (OOHCA) survival statistics using the Utstein reporting method. To date there has been no published data of OOHCA for a state. With the voluntary support of over 30 different EMS agencies across Arizona (representing approximately 70% of the entire state), the Bureau of EMS set out to determine survival rates for OOHCA victims in Arizona. A secondary objective of the Bureau was to create a functional statewide prehospital provider resuscitation network capable of collecting accurate data and disseminating information and assuring quality.

Over a period of 14 months, the SHARE Program documented a total of 1296 OOHCA statewide.

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Bureau News
Commission meetings, the Bureau has advertised and filled the new position of Deputy Bureau Chief. Ed Armijo has accepted the position effective August 1, 2006. Ed has been with the Bureau for more than 15 years in a number of positions, most recently that of Ambulance Services Section Chief.

Welcome to a new EMS Fellow
The Bureau would like to extend a welcome to Sarah Shimmin, a participant in the EMS Fellow Program at Mayo in Scottsdale. Dr. Shimmin will be assisting the Bureau in some special projects and recently participated in the Statewide Pandemic Influenza Tabletop Exercise sponsored by the Bureau of Public Health Emergency Preparedness and Response. Dr. Shimmin will be completing rotations at both Mayo and Maricopa Medical Centers.
Statutory Revisions

The general effective date for the changes made by the Arizona Legislature in the Second Regular Session of the 47th Legislature is September 21, 2006. The following provides brief information about several statutes amended during the Legislative Session that may interest the EMS community.

A.R.S. § 13-2915 was amended to make it a class 2 misdemeanor for a person to intentionally prevent or interfere with the use of a telephone by another person in an “emergency situation.” The statute also provides, however, that a person is not required to allow another person to enter the person’s home or place of residence for the purpose of using a telephone in an emergency situation.

The statute defines “emergency situation” to mean a situation in which:
(a) Human health, life, or safety is in jeopardy and the prompt summoning of aid is essential; and
(b) It is reasonable to believe that a domestic violence offense pursuant to A.R.S. § 13-3601 is being, has been, or is about to be committed.

A.R.S. § 13-2915, as amended, is available here:

A.R.S. § 36-2202 was amended to allow the ADHS Director to extend the expiration date of an EMT’s certificate for 30 days and to require the Department to establish a fee for this extension by rule. A draft rulemaking to implement the extension fee provision will be considered by EMS Council at its meeting on September 22, 2006. The draft rulemaking would create a $150 certification extension fee and would retroactively authorize an individual to act as an EMT during the 30-day-or-less period between the expiration date of the individual’s EMT certification and the individual’s application for recertification with the extension fee. The draft rulemaking was created with input from the Attorney General’s Office.

A.R.S. §§ 36-2220 and 36-2245 were amended to provide that information, documents, and records received by the Department or prepared by the Department in connection with an investigation conducted under A.R.S. Title 36, Chapter 21, Article 1 or 2 that relates to EMTs are confidential and are not subject to public inspection or civil discovery. The statutes further provide that when an investigation has been completed and the investigation file has been closed, the results of the investigation and the decision of the Department shall be available to the public.

A.R.S. §§ 36-2202, 36-2220, and 36-2245, as amended, are available here:

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Of the 1296, 1097 were adult, of cardiac etiology, and occurred prior to EMS arrival. There were 460 (41.9%) bystander-witnessed arrests, and 637 (58.1%) were not witnessed. Witnessed arrest provided an odds ratio of 9.1 for survival [95% CI 3.8-21.7]. Bystander CPR was provided in 410 (37.3%) of all arrests. In the 410 arrests receiving bystander CPR, 155 (37.8%) were off-duty medical personnel. The incidence of layperson CPR was 255 (23.2%). Bystander CPR provided an odds ratio of 2.2 for survival [95% CI 1.2-4.1]. Initial rhythm of ventricular fibrillation (VF) was 300 (27.3%), 248 (22.6%) had an initial rhythm of PEA, for 542 (49.5%) the initial rhythm was asystole, and for 6 (0.5%) the initial rhythm was other. Outcomes in 1066 patients were obtained. Thirty-five (3.3%) of the 1066 adult cardiac arrest victims survived to hospital discharge. Twenty (7.0%) of the 286 adult VF cardiac arrest victims survived to hospital discharge.

Age, race, and gender were not significant predictors of survival.

The conclusion of this abstract was that it is feasible for a public health agency to implement a voluntary, statewide database to determine survival from OOHCA. Such a database serves EMS and public health agencies as a baseline for QI along with assessment of new OOHCA protocols.

If your EMS agency is not currently one of those participating, please contact the SHARE Program research director, Lani Clark, at Lani@email.arizona.edu.

Quick Beats
Bureau of EMS News in Brief

Rulemaking and Policy Update

Notice of Proposed Rulemaking for Prehospital Drugs/EMT-I(99)-to-EMT-P Transition Course Rulemaking Now Available

The Notice of Proposed Rulemaking that includes the regular rulemaking portions of the Prehospital Drugs Rulemaking as well as the other rule changes recommended by the Emergency Medical Services Council at its meeting on April 21, 2006, was published in the Arizona Administrative Register on July 28. This commenced a formal public comment period that will end at 5:00 p.m. on September 5, 2006. ADHS will accept written comments on the proposed rules during the entire formal public comment period and has scheduled the following oral proceeding to obtain oral comments and provide an adequate discussion on the proposed rules:

Date: September 5, 2006
Time: 10:00 a.m.
Location: Arizona Department of Health Services
1740 W. Adams Street, Room 411A
Phoenix, AZ 85007

For more information on this rulemaking, and to link to the Notice of Proposed Rulemaking, please go to http://www.azdhs.gov/diro/admin_rules/prehospdrugs.htm.

New Statutes, Rules, and Substantive Policy Statements Document Now Available

BEMS Statutes, Rules, and Substantive Policy Statements July 2006 is now available on the ADHS website at:
Please replace any older versions with the July 2006 version.

The new document incorporates the newest Arizona Administrative Code supplement and adds the four substantive policy statements adopted in June and July 2006:
• SP-081-PH-SMS: Interpretation of NREMT Registration Requirements in A.A.C. R9-25-404(B)(1)(b) and (B)(2)(b) and R9-25-406(B)(1)(b) and (B)(2)(b)
• SP-079-PH-SMS: Interpretation of the EMT Certification Prerequisites for the Arizona EMT-I Course and the Arizona EMT-P Course
• SP-078-PH-SMS: Interpretation of “act as an EMT-B, EMT-I, or EMT-P” in A.A.C. R9-25-401(A), as Applied to a Student Enrolled in a Course
• SP-077-PH-SMS: Interpretation of “Rapid infuser system” in 9 A.A.C. 25, Article 13, Exhibit I

The new document moves R9-25-511 and Article 13 into the main Chapter 25 document, but does not contain any substantive changes in rules.

National EMS and Trauma Data Initiatives

EMS: Over the past several years, a number of national efforts have been underway which highlight the importance of high quality EMS and Trauma data registries at the local, state, and national levels. The National EMS Information System (NEMSIS) project, coordinated by the National Highway Traffic Safety Administration’s Office of Emergency Medical Services (NHTSA Office of EMS), is now in place. This project identified the universe of data elements in use by EMS Services across the country and then, through collaborative efforts with all professional organizations representing EMS, developed an exhaustive data dictionary. The project also developed a subset of the data elements, the CORE elements, which states are being asked to contribute to the national database housed at NHTSA. For more information, please visit http://www.nemsis.org.

Trauma: Following the successful efforts used in the NEMSIS project, the HRSA Trauma-EMS Systems Program, in collaboration with the NHTSA Office of EMS and the American College of Surgeons, set about identifying a CORE data set and dictionary for a national trauma registry. This project, the National Trauma Registry Standardization Project (NTRSP), is designed to provide a national picture of the incidence of trauma and supports the efforts of the American College of Surgeons to update and strengthen the National Trauma Data Bank (NTDB). States are asked to submit their trauma registry data to the NTDB. For more information, please visit http://www.facs.org/trauma/ntdb.html.