

# THE PULSE

Fall 2012 <http://www.azdhs.gov/bems/news/pulse.htm> Volume II, Issue 2

## AMERICAN COLLEGE OF SURGEONS VISIT ARIZONA

### NEWSLETTER

#### Inside This Issue:

American College of Surgeons Revisits AZ Trauma System	1
Web-Based ED Training on Suicidal Patient Screening	2
Winning the Battle Against the Number One Killer	3
AZ Dispatcher-Assisted CPR: Maximizing Survival	4
Online Certification Coming to the Bureau Next Year	4
Rehabilitation—The Unseen Component of Trauma	5
Does EMS Technology Make Us Forget the Basics?	6
Vaccine Administration by the Paramedics and AEMTs	7
Statutory Committees	7
BEMSTS Kiosk	8

#### ADHS Resource Links:



ADHS Home



Director's Blog



Offering free telephone & web-based services to help people quit tobacco



Scan this symbol with an iPhone or Smartphone to view Bureau data graphics gallery.

#### Fast Facts:

AZ Trauma Registry: 180,506 records.  
 EMS Registry: 96,615 records.  
 Emergency Medical Care Technician Certificates issued: 17,727 in 2012 YTD.



By Dan Didier, MBA, EMT-P, Trauma Development Section Chief

Arizona's trauma system continues to evolve with a total of 27 trauma centers statewide. Currently, there are eight (8) Level I facilities, three (3) Level III facilities, and 16 Level IV facilities ([Trauma Centers Map](#)). The Bureau of EMS and Trauma System's (BEMSTS) goal has been to continue the planning and integration Arizona's trauma system since 2007 when the American College of Surgeons Committee on Trauma (ACS-COT) assessed our system. The mission of the ACS-COT is to develop and implement meaningful programs for trauma care in local, regional, national, and international arenas. These programs include education, professional development, standards of care, and assessment of outcomes.

After five years of progress the BEMSTS scheduled the ACS-COT to conduct another statewide trauma assessment during the week of November 26, 2012, to provide recommendations for continued system improvement. The ACS-COT provided a comprehensive on-site trauma system review covering 18 general sections within 3 core functions within the public health model referenced in [Model Trauma System Planning and Evaluation \(MTSPE\)](#) which was released by Health Resources and Services Administration (HRSA). The three core functions are Trauma System Assessment, Trauma System Policy Development, and Trauma System Assurance.

The BEMSTS, with assistance from stakeholders, worked diligently to complete the [ACS-COT Pre Review Questionnaire \(PRQ\)](#) and provide essential supporting documentation and data for each of the PRQ's 18 general sections. The completed PRQ and supporting information was submitted to the ACS-COT back in October for the ACS-COT Panel to review prior to the site visit. The week-long ACS-COT site visit included two days where approximately 80 trauma system stakeholders provided additional information and answer questions that the ACS-COT Panel compiled for developing their final report. The Panel provided BEMSTS and stakeholders a preliminary [ACS-Summary](#) on the last day of the site visit. A final comprehensive report of recommendations will be issued to BEMSTS and stakeholders sometime in February 2013. The final report will help guide the development of the future trauma system plan for the state of Arizona.

The BEMSTS [Data Quality Assurance \(DQA\) Section](#) continues to compile data from the Arizona State Trauma Registry (ASTR) and [Arizona Prehospital Information and EMS Registry System \(AZ-PIERS\)](#). The Trauma Development Section continues processing trauma center designation applications, conducting site visits, and designating trauma centers. The State Trauma Advisory Board (STAB) recently approved the [STAB Annual Report](#). The 2012 STAB Report contains data that are used in trauma system assessment and trauma system integration planning. Overall, BEMSTS strives to deliver an effective trauma system that provides the necessary definitive care to meet the needs of injured patients.

## WEB-BASED SUICIDE & SUBSTANCE ABUSE SCREENING TRAINING SIMULATION



By Vanessa Nielsen, DBHS Office of Prevention, ADHS Division of Behavioral Health Services

Emergency Departments (ED) in Arizona regularly see patients whose substance abuse or other mental health disorder has contributed either directly or indirectly to their visit. The ED visit can be a powerful “teachable moment” that, when managed effectively, will motivate patients to seek treatment and reduce readmissions. This can help achieve the overall goals of improving health outcomes, improving ED utilization, and driving down costs across the healthcare system.

That’s why the Arizona Department of Health Services (ADHS) has partnered with Kognito International to create and offer *At-Risk in the ED*, an interactive gatekeeper training simulation designed to prepare medical staff to screen patients at risk for suicide ideation and substance abuse. In this training, users assume the role of a medical practitioner in an ED and engage in simulated conversations with emotionally responsive avatar patients that exhibit signs and symptoms associated with psychiatric illnesses, suicidal ideation, and substance abuse. The training covers several evidence-based suicide risk and substance abuse screening tools such as: **SAD PERSONS**, **RAPS4-QF**, and **CRAFFT**. The goal is to accurately identify which patients require screening and referral by first reviewing their charts and then interviewing them.

***At-Risk in the ED*** was developed as part of an ADHS initiative to help hospitals and medical providers meet the rising demand for the identification and intervention of patients experiencing substance abuse and suicidal thoughts. The setting is an ED, but *At-Risk in the ED* is also for prehospital providers and law enforcement first responders who might encounter patients in situations similar to those in the ED training. This training is freely available to 80 hospitals in Arizona and is an engaging tool that:

- Is free and takes only 1 hour to complete from any computer with online access
- Awards 1.50 CMEs or CEUs
- Increases patient safety
- Reduces re-admission rates
- Assists in implementing The Joint Commission’s National Patient Safety Goals on Suicide
- Is listed in the SPRC/AFSP Best Practices Registry for Suicide Prevention Programs

*At-Risk in the ED* will be available to help medical providers in Arizona meet the need for identifying and intervening patients with substance abuse and suicidal patients until October 2013. For more information on how it can quickly and efficiently train an entire ED staff as a cost-effective and engaging learning tool, please visit <http://www.kognitocampus.com/ed/az/>.

### INNOVATIVE FIRE DEPARTMENT RESOURCES

Another resource for crisis-intervention training is through the Westside Training Consortium (WTC), a group of fire departments in the West Valley area of Maricopa County. The WTC recently began a suicide awareness program, administered by instructors at Luke Air Force Base, to train firefighters in addressing mental health concerns involving firefighters. You can read more about this program in a May 2012 [Arizona Republic article](#).

An innovative resource that merges fire services with social services are Crisis Response Teams (CRTs). These CRTs are comprised of specially trained volunteers who deliver crisis intervention to families, victims, and witnesses of traumatic events such as serious injury accidents, domestic violence, homicides, suicides and structure fires. The [Phoenix Fire Department Community Assistance Program](#), [Chandler Fire Department’s Crisis Response Team](#) and [Glendale Fire Department’s Crisis Response Program](#) are three examples of CRTs. Contact your fire department for more information.

To learn more about Arizona Behavioral Health services, programs, and resources visit: <http://www.azdhs.gov/bhs/>

### Additional Resources



The Central Region is the most densely populated with the highest trauma volume, but the lowest trauma rate per 100,000 residents (2011 ASTR)

## WINNING THE BATTLE AGAINST THE NUMBER ONE KILLER



By Wayne Tormala, Chief, Bureau of Tobacco and Chronic Disease

Much success has occurred nationally in reducing tobacco use, yet one in five adults still smoke, and cigarette smoking continues to be the leading cause of preventable illness and death. While Arizona has led the nation in reducing tobacco use over the past few years, our prevalence of 15% means more than 700,000 Arizonans continue to use tobacco.

### Firefighters in the Central U.S. and Tobacco Use

A recent study of tobacco use among career and volunteer firefighters indicated smoking rates were less than those in comparable occupations. The study also revealed a large percentage (16%-18%) of firefighters use smokeless tobacco products. Haddock, C. K., Jitnarin, N., Poston, W. S.C., Tuley, B. and Jahnke, S. A. (2011), *Tobacco use among firefighters in the central United States*. Am. J. Ind. Med., 54: 697–706. doi: 10.1002/ajim.20972.

**Tobacco Free Arizona**, together with several state, county, and community partners, utilizes tobacco taxes and federal resources to launch evidence-based strategies to reduce the use and consequences of tobacco.

### Want to Quit? Call ASHLine!

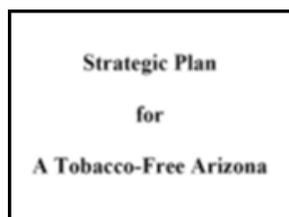
In the past few years, over 200,000 Arizonans have quit tobacco, and some of our most successful stories have occurred in collaboration with Arizona Smoker's Helpline. Arizona's primary service provider for cessation, the **ASHLine**, is located in the Mel and Enid Zuckerman College of Public Health at the University of Arizona and is funded by state tax on tobacco products. ASHLine offers FREE telephone and Web-based quit services **WebQuit** to all Arizonans. It also provides free training and technical assistance to healthcare providers to help them use referral systems for tobacco cessation.

Through ASHLine, tobacco users connect with quit coaches – highly-trained professionals who act as "personal trainers" for quitting tobacco (many of whom are former tobacco users). Quit coaches help tobacco users set goals, work toward a quit date, and develop a personal plan to help them quit. Quit coaches work one-on-one with tobacco users to keep them on track and make adjustments to their quit plans. Quit coaching is customized to each person, and special circumstances that might affect a person's quit process are taken into consideration. There are special programs for pregnant women and those who use chewing tobacco.

Calls to the ASHLine continue with quit rates reaching 33% in 2011 (ten times the success rate of quitting "cold turkey"). With increased outreach, active referrals, and free training and technical assistance to healthcare providers statewide, ASHLine is one of the most successful quitlines in the nation.

For more information please contact Courtney Ward at 602-542-2075. For quit tobacco services call 1-800-556-6222 or visit [www.ASHLine.org](http://www.ASHLine.org).

### Additional Resources



## AZ DISPATCHER-ASSISTED CPR: MAXIMIZING SUDDEN CARDIAC ARREST SURVIVAL



By Micah Panczyk, 911 CPR Program Manager

The likelihood of an OHCA victim's survival decreases by 7%-10% each minute. With EMS typically requires several minutes to reach and assess victims, the need for bystander CPR is self-evident. Studies show bystander CPR can yield a three-fold increase in survival. Regrettably, only about one third of OHCA patients receive bystander CPR in the United States.

911 Dispatchers represent a tremendous opportunity to increase rates of bystander CPR – their “just-in-time” instructions can transform bystanders into lay rescuers and save thousands of lives from OHCA. The Save Hearts in Arizona Registry and Education (SHARE) Program's TARGET (Telephone-Assisted Resuscitation Gains Essential Time) initiative aims to get bystander CPR started as quickly and frequently as possible to increase OHCA survival in Arizona. TARGET provides Arizona 911 dispatch centers with vital resources and guidance to implement the American Heart Association (AHA) Guidelines for telephone-assisted CPR.

TARGET is a Health Insurance Portability and Accountability Act (HIPAA) exempt effort to engage partners in a continuous Quality Improvement (QI) initiative to measure and enhance the delivery of telephone CPR instructions. Agencies receive QI reports on key intervals such as time elapsed from call receipt to dispatcher recognition for CPR, time to start of CPR instructions, and time to start of first compression. The reports provide strategies that agencies can use in their QI efforts and provide a baseline to measure improvements in survival. TARGET provides training and QI resources tailored to individual 911 center profiles. Centers can thus launch long-term, sustainable programs suited to their needs and resources. See <http://9-1-1CPRDispatch.azshare.gov>.

For more information on TARGET, contact Micah Panczyk at (602) 364-2846 or [Micah.Panczyk@azdhs.gov](mailto:Micah.Panczyk@azdhs.gov).

## ARIZONA RESUSCITATION ACADEMY IN JANUARY 2013



Save Hearts in Arizona  
Registry & Education

### Special Announcement:

The Save Hearts in Arizona Registry and Education (SHARE) Program will be holding the Arizona Resuscitation Academy on Friday, January 18, 2013, from 8:30 AM to 4:00 PM at the Mesa Public Safety Training Facility, located at 3260 N. 40th Street, City of Mesa. The day-long session includes an opening address by Dr. Gordon Ewy, Director, Sarver Heart Center, at the University of Arizona. The program will consist of three training tracks: a Dispatch/Call-Taking Track, an EMS Track (EMT CE's given), and a Hospital Track. The event is free of charge, with lunch provided. Space is limited. **Registration is mandatory.** For more information and to register for this event go to: <http://azresuscitationacademy.eventbrite.com/#>.

## ONLINE CERTIFICATION COMING TO THE BUREAU NEXT YEAR



By Ron Anderson, Enforcement Section Chief

The need for Arizona's Emergency Medical Care Technicians (EMCTs) to visit the Bureau of EMS and Trauma System's (BEMSTS) office to apply for initial certification and recertification will soon be a thing of the past. In September 2013 (keep your fingers crossed), BEMSTS will launch the Online Certification and Recertification Program. EMCTs will also be able to change their home address, email address, check their certification status, and receive automated certification notifications.

The online certification program will also enable EMS employers, using a corporate PIN number, to obtain online profiles and certification verification of EMCTs listing the agency as the primary employer. The general public will also be able to verify the current and active certification status of an EMCT.

*The Western Region has the highest rate for the top 6 mechanisms of injury; the Southeastern Region the lowest in 5 out of the top 6 (2011 ASTR)*

## REHABILITATION SERVICES - THE UNSEEN COMPONENT OF A TRAUMA SYSTEM



By Christine Kwasnica, MD, Medical Director, Neurorehabilitation Barrow Neurological Institute

Patient entry into the trauma system is well documented. The activation of EMS, the helicopter ride, and admission to the trauma room are aspects that often define the public's perception of trauma. But it is the restorative services provided in the rehabilitation world that often write the happy endings for trauma patients and their families and help decrease the societal impact of trauma.

“In 2000, an estimated \$127.5 million was spent for inpatient rehabilitation of injuries in motor vehicle crashes and \$16.3 million for inpatient rehabilitation of injuries in motorcycle crashes (2002 dollars). Inpatient rehabilitation costs for motor vehicle injuries average \$11,265 per patient (2002 dollars, and excluding motorcycle injuries) and \$13,200 for motorcycle injuries. For motor vehicle injuries, the costs for single-problem cases range from \$9,052 for fractures to \$26,656 for spinal cord injuries (SCIs). Motor vehicle and motorcycle injuries generate other costs related to lost functional capacity and the resulting impacts on social and role functions. The losses for some injuries can be quite significant.” *Rehabilitation Costs and Long-Term Consequences of Motor Vehicle Injury*, DOT HS 810 581, NHTSA (March 2006)

Early involvement of rehabilitation services in the form of physical therapy, occupational therapy and speech therapy help prevent complications of immobility. The early mobilization of patients in the ICU and early involvement of physical medicine and rehabilitation specialists has been shown to shorten lengths of stay and improve functional status upon discharge. Even more importantly, in the world of catastrophic neuro-trauma (i.e. traumatic brain injury and spinal cord injury), rehabilitation and physical medicine evaluations begin the education necessary for families to prepare for the long-term reality of such injuries.

In 2011, the Arizona State Trauma Registry (ASTR) received 29,877 records from 27 participating hospitals, of which 0.1% of the Emergency Department admits were discharged home with services; and 4.3% of inpatients were discharged to Other Rehabilitation or Long Term Care, and 4.4% were discharged to Skilled Nursing Facilities.

After early therapies in the acute hospital, Arizona has an extensive network of post-hospital rehabilitation options. There are acute rehabilitation facilities throughout Arizona that provide multidisciplinary treatment under the guidance of a physiatrist. In rural areas and for the patients that may not be ready to tolerate the intensity of services, or whose orthopedic needs limit their participation, sub-acute facilities exist. Some of these facilities are just as specialized in treating neuro-trauma but without the need to provide three hours of daily therapy. For those patients who can transition home and have the support necessary, home and outpatient therapies exist.

The Commission to Accredit Rehabilitation Facilities (CARF), founded in 1966, is an independent non-profit accreditor of health and human services, and defines the characteristics necessary for a successful patient and family-centric rehabilitation program. Based in Tucson, CARF surveys programs in areas of medical rehabilitation, brain injury rehabilitation, spinal cord rehabilitation, and many others. Here in Arizona we have a wide variety of programs that meet the criteria set by CARF. These include both inpatient acute and sub-acute programs, as well as comprehensive outpatient programs. The early integration of trauma patients into comprehensive targeted rehabilitation programs can improve long-term outcomes – including productivity and independent living.

With the appropriately-placed rehabilitation programs, the trauma patient can achieve maximum potential. We have some barriers ahead of us including how to fund such services, and when and how best provided to meet the needs of our rural population. The first step is starting with a strong base in rehabilitation services with expertise in the needs of the trauma patient.



Arizona has a higher motor vehicle related trauma rate compared to the national average at 32.86% and 28.93%, respectively (2011 ASTR)

## PROVIDER'S CORNER



### Does EMS Technology Make Us Forget the Basics?

By Glenn Kasprzyk, Chief Operations Officer, Life Line Ambulance Service

I participated in a panel discussing EMS best practices related to managing risk through technology. My presentation made me reflect on what our organization has accomplished since deploying new technologies and evaluate the unintended consequences. I realized that as much as technology has made our company and industry better, it also may have unintended consequences.

Life Line Ambulance Service deployed power cots in 2009. The product has done exactly what it is designed to do – make lifting and loading patients significantly easier. We immediately reduced the number of back injuries from lifting to almost zero. However, back injuries are again on the rise, not stretcher related injuries, but strains from other aspects of lifting and moving equipment. Over the past two years our back injury numbers were approaching pre-power cot levels.

In early 2011 we asked, “Why the increase in back injuries?” Could it be that by deploying power cots and eliminating routine manual cot patient lifts, our crews have forgotten basic lifting fundamentals? Life Line provides annual online back injury prevention training. That begs the question – Is that enough to ensure proper lifting techniques? At our summer 2011 quarterly training, we did a lifting refresher. We shared the back injury information and encouraged staff to be more cognizant of proper lifting techniques. We also reminded them about the importance of regular stretching throughout their shift.

In the six months following the training, the number of back injuries drastically decreased. We ended 2011 with four minor back injury incidents (the level just after power cots were deployed). The online annual training is a good measure, but it appears to be not enough to keep employees free from back injuries – an ongoing back injury prevention program is a must.

Another great technological advance in EMS is the electronic patient care report (ePCR). We all enjoy the major benefits: data collection, legible reports, integration with devices such as cardiac monitors, and comprehensive reports that paint a clear picture of the care provided. The most notable change that is typically rolled out during deployment is that a narrative is no longer needed, it can be significantly reduced in size, or the system set to generate an auto narrative. Well, that philosophy should be thrown right to the curb! First, an auto-narrative may be very risky. A very well respected EMS industry attorney told us, "Anything auto-populated is bad." That said, could the EMT or paramedic defend their narrative in court if the system interpreted the information incorrectly? After all, the crew signs the document to attest to its accuracy or maybe the system automatically adds the crew signatures. Truthfully, how many healthcare providers really take the necessary time to accurately review their documentation? Most EMS systems are high performance; using ePCR should allow providers to complete charts quicker, but risks sacrificing quality for quantity.

As an agency you should go well beyond thinking the system will at least meet and improve your documentation needs. In these times of increased regulation and proving the need to document medical necessity, it's back to basics as we did with paper charting. Each company should implement, and staff should embrace, an accepted standard narrative format, e.g., C.H.A.R.T. or S.O.A.P. More importantly, it must be a review priority for quality assurance (QA) staff to ensure compliance of that narrative format.

No scientific study was performed, just feedback from QA and billing representatives. Our documentation quality has significantly improved and with the rest of what ePCR offers. We now have a more complete and defensible patient care report using the C.H.A.R.T. narrative format. A good chart will eliminate any need for an addendum after-the-fact, which is a risky proposition.

Progressive companies look for opportunities to take it a step further. A significant compliance issue can be obtaining patient signatures, which becomes complicated if the patient is incapacitated or the legal representative is not with the patient at the time of transport. Life Line expanded the C.H.A.R.T. method, adding an "S" for “signature.” This requires our crews clearly document the reasons why a patient signature was not obtainable.

Does EMS technology make us forget the basics? It certainly can. Technology is great, and we all strive to use it to make the EMS crew's job easier and more importantly improve patient outcomes. Even with great technology, we can't forget about the basic fundamentals that brought our industry to where it is today. Thinking outside the box when we identify issues is paramount to the sustainability and future growth of our organizations. We all accept the risks associated with our industry, but let's not allow automation and technology to shift our risk. Maintain the basics of our training while using new technology to improve our profession and reduce risk to our employees.



## EMERGENCY MEDICAL CARE TECHICIAN ADMINISTRATION OF INFLUENZA VACCINATION



**By Dr. David James Harden, JD, NREMT, Strategic Planning & Communications Section Chief**

Flu Season is approaching and the Centers for Disease Control and Prevention (CDC), along with state, county, and municipal health departments are gearing up for the distribution and administering the 2012/2013 Influenza seasonal vaccine. Physicians, nurses, and medical assistants are the traditional health care providers we see administering flu vaccines at clinics, the doctor's office, pharmacies, supermarkets, and mass vaccination events. Did you know that Emergency Medical Care Technicians (EMCTs) at the Paramedic and Advanced Emergency Medical Technician (AEMT) levels are trained in intramuscular and subcutaneous injection and, with the approval of their medical director, can administer immunizing agents (e.g., seasonal influenza vaccines and specific vaccines required for school admission).

The use of EMCTs to administer immunizing agents has been in practice in many states for several years. In 2003, the peer review journal Prehospital Emergency Care published a prospective, observational cohort study of 99 paramedics from 15 Emergency Medical Services (EMS) agencies in three Pennsylvania counties (the MEDICVAX Project). Paramedics received a two-hour orientation and training session on the administration of the H1N1 influenza seasonal vaccine. During the ten-week project 1,011 (48.8%) individuals who were vaccinated state that they were not vaccinated in the previous flu season, and 720 (34.5%) individuals who were vaccinated stated that they would not have been vaccinated but for the project. The MEDICVAX Project enabled EMS agency and public health officials to establish a partnership in delivering disease prevention services to their communities. Mosesso VN, Packer CR, McMahon J, Auble TE, Paris PM. *Influenza Immunizations Provided by EMS Agencies The Medicvax Project*. PEC 2003;7:74-8.

Title 9, Article 5, Section 503(H) of the Arizona Administrative Code authorizes EMCTs at the Paramedic and AEMT levels to administer immunizing agents recommended by the CDC's Advisory Committee on Immunization Practices (ACIP). For the current ACIP vaccine-specific recommendations visit: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Approval by the EMCTs medical director is required.

Several Arizona EMS agencies collaborate with their local health departments to offer regular vaccination clinics. Two such agencies are Mesa Fire Department and Phoenix Fire Department, who collaborate with the Maricopa County Health Department. The Mesa Fire Department's Immunization Clinic and the Phoenix Fire Department's Baby Shots Program work with local schools and families for immunizations for school attendance and seasonal flu shots. For more information on Mesa Fire Department's immunization program visit: <http://www.mesaaz.gov/fire/EMS/ImmunizationDates.aspx> or call 480-644-4555. For more information on the Phoenix Fire Department's Baby Shots Program visit: <http://phoenix.gov/fire/services/kids/babyshots/index.html>.

For information on seasonal flu vaccinations, contact the Arizona 2-1-1 Community Information & Referral Services at: <http://www.cir.org/flu/>. To learn more about vaccines and immunizations in Arizona, visit the Arizona Department of Health Services Immunization Program Office at: <http://www.azdhs.gov/phs/immun/index.htm>.

### STATUTORY COMMITTEES - 2013 CALENDAR

MEETING	TIME	DATES	MEETING	TIME	DATES
State Trauma Advisory Board	9:00AM	Jan 24, May 16, Sept 26	Trauma & EMS Performance Improvement	9:00AM	Mar 21, July 18, Nov 21
Medical Direction Commission	12:00PM	Jan 24, May 16, Sept 26	Education Committee	10:30AM	Mar 21, July 18, Nov 21
EMS Council	10:30AM	Jan 24, May 16, Sept 26	Protocols, Medications & Devices Cmte.	12:00PM	Mar 21, July 18, Nov 21

**Meeting held in the 150 N. 18th Ave. Building 5th Floor conference room 540A.  
The ADHS Rule Moratorium has been extended through December 31, 2014**

**Conference Call Number:** (1-888-757-2790; Code 666732);  
**I-Linc URL:** <https://azdhsems.ilinc.com/register/xcphsxt>  
**You must register prior to the meeting to join the web conference session**

# THE BUREAU OF EMS AND TRAUMA SYSTEM OFFICES

BEMSTS WEBSITE: <http://www.azdhs.gov/bems/index.htm>



## FOR YOUR INFORMATION

### FACTSHEETS & RESOURCES:

- [Seasonal Factsheets](#)
- [PULSE Newsletter Issues](#)
- [Governor's Office of Highway Safety Factsheets](#)



The Bureau is employing a QR (Quick Response) symbol. Scan this symbol with an iPhone or Smartphone to access the Bureau's data graphics gallery and other information.

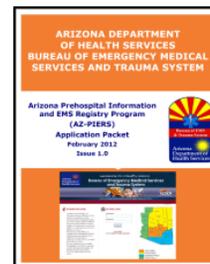
### THE PULSE NEWSLETTER:

The PULSE Newsletter is published by the Strategic Planning and Communications (SPC) Section of the Bureau of EMS and Trauma System. Contact David Harden at [hardend@azdhs.gov](mailto:hardend@azdhs.gov) to be added to the mailing list or article topic suggestions.

### 2012 STAB Report



### AZ-PIERS



### P.E.A.P



## RESOURCES

### RELATED WEBSITES:

[Governor's Office of Highway Safety](#)  
[Arizona Ambulance Association \(AzAA\)](#)  
[American Ambulance Association \(AAA\)](#)  
[American College of Surgeon \(ACS\)](#)  
[Arizona Department of Health Services \(ADHS\)](#)  
[Arizona Public Health Association \(AZPHA\)](#)  
[Federal Emergency Management Agency \(FEMA\)](#)  
[National Association of State EMS Officials \(NASEMSO\)](#)  
[National Highway Traffic Safety Administration \(NHTSA\)](#)  
[National Registry of Emergency Medical Technicians \(NREMT\)](#)  
[National SAFE KIDS Campaign](#)

### ADHS PROGRAMS:

[ADHS Home Page](#)  
[Bureau of Public Health Emergency Preparedness](#)  
[Save Hearts in Arizona Registry and Education \(SHARE\)](#)  
[EMS for Children](#)  
[Bureau of Nutrition & Physical Activity](#)  
[ADHS Native American Liaison](#)

### EMS REGIONAL COUNCILS:

[Arizona Emergency Medical Systems \(AEMS\)](#)  
[Northern Arizona Emergency Medical \(Systems\) NAEMS\)](#)  
[Southeastern Arizona EMS Council \(SAEMS\)](#)

### USEFUL TOOLS:

[AZ Guidelines for Field Triage Pocket-Card](#)