

Bureau of EMS
& Trauma System

Arizona
Department of
Health Services

NEWSLETTER

THE PULSE

Fall 2013

<http://www.azdhs.gov/bems/news/pulse.htm>

Volume III, Issue 1

COMMUNITY PARAMEDICINE — MOBILE INTEGRATED HEALTHCARE — ADVANCED PARAMEDICS

Inside This Issue:

Community Paramedicine— Mobile Integrated Healthcare	1
Performance Improvement Tools for AZ EMS Agencies	2
SHARE 9-1-1 CPR Program Recognized by ASTHO	2
Performance Improvement Tools for AZ's Trauma System	3
Arizona-Mexico Child Injury Prevention Agreement	3
Statutory Committees	4
BEMSTS Kiosk	4

ADHS Resource Links:



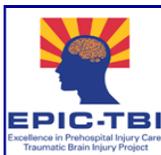
ADHS Home



Director's Blog

ASHine

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



Fast Facts:

Trauma Registry: 180,506 records
EMS Registry: 251,941 records.
EMCT Certificates: 19,096 certs.
NREMT AZ 1st Time Pass Rates:
EMT: 71% (national 73%)
Paramedic: 87% (national 77%)

By Terry Mullins, MBA, Bureau Chief



These days, whenever Dr. Bobrow or I attend a meeting, someone will ask what we think about community paramedicine (or some other name that they have adopted locally). Generally we say something vague, like, "I have not had time to put a lot of thought into it." When we turn the conversation around and ask them what THEY think about community paramedicine we get a different answer each time. The same thing is happening all across the county – really bright folks, really passionate folks are trying to have a conversation about community paramedicine and the conversations are getting stuck on the five "W's (who, what, when, where, why). Even in Colorado and Minnesota where they have launched formal versions of community paramedicine, there are significant differences between their models.

None of this is surprising to me and here is why. While regulation of EMS is largely a State issue, our Federal partners have played a key role over the years by developing guidelines for education and scope of practice for the various levels of EMS providers. At the state level, the stakeholder community has used these guidelines as a template for developing statutes and rules for their state. That is the process that has been in place for, well, since our industry got its start back in the 1960's and 1970's.

When you think about it from that perspective it is not at all surprising that there is a ton of confusion about the concept of community paramedicine. No Federal guidance on education standards or scope of practice have been developed for the states to dig their teeth into as a template. Interestingly, two well written documents dealing with community paramedicine crossed my desk this week. And, not surprisingly, they reach different conclusions.

The first, *Expanding Paramedic Scope of Practice in the Community: A Systematic Review of the Literature* (Blair L. Bigham, 2013), suggests that while there is evidence that paramedics can learn and apply new scopes of practice (no surprise there), there has not been an effort to describe from a national perspective what problem community paramedicine is targeted with solving and what role the practitioner should play within the medical community.

The second is a report titled *Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care* (Kenneth W. Kizer, Karen Shore, & Aimee Moulin, 2013) does a really good job describing how community paramedicine has an opportunity to bridge the gap between the need for health services and the ability to provide health services. Specifically, the report suggests more folks will be seeking health care (more people will have health insurance and an aging population tends to be sicker) while at the same time the number of physicians able to provide the assistance is shrinking (30% of California's doctors are 60 years old or older, and medical school output is basically flat).

So, where does that leave us? Do we (1) wait until there is a Federal template (I can hear some folks grinding their teeth at the thought of waiting), (2) allow each community take this on as a local issue and come up with their own model, or (3) open up dialogue on what we think community paramedicine means to Arizona and how it could possibly enhance the delivery of emergency medical services and improve outcomes in a measurable way? We believe that the answer is option 3, so Dr. Bobrow and I will put together a workgroup of individuals to begin answering the Who, What, When, Where, and Why of community paramedicine in Arizona.

PERFORMANCE IMPROVEMENT TOOLS FOR ARIZONA EMS & TRAUMA CARE



By Rogelio Martinez, MPH, Data & Quality Assurance Section Chief

What is performance improvement (PI) and how is the Bureau of EMS and Trauma System (Bureau) working with system stakeholders? One definition of PI includes, “A concept of measuring the output of a particular process or procedure, then modifying the process or procedure to increase the output, increase efficiency, or increase the effectiveness of the process or procedure” ([Wikipedia](#)). The PI process also includes agencies and institutions adopting and following written standards and criteria ([ARS § 36-2401](#)). Emergency care requires high level performance by providers, working within time constraints under high-pressure situations.

The Bureau’s [Data and Quality Assurance \(DOA\) Section](#) has been working with Arizona EMS and trauma experts to publish four PI tools covering [Major Trauma](#), [Out of Hospital Cardiac Arrest](#), [ST-segment Elevation Myocardial Infarction \(STEMI\)](#), and [Stroke](#). The Arizona Prehospital Information & EMS Registry System (AZ-PIERS) Data Dictionary was the primary source for the tool’s data elements. [AZ-PIERS](#) is a confidential and non-punitive PI initiative dedicated to providing EMS agencies the tools to improve the care and outcome of their patients.

Agencies that have other patient reporting software would be able to use these tools as most elements are found on [NEMESIS Gold-compliant software](#). Please contact me at Rogelio.Martinez@azdhs.gov for further information on integrating AZ-PIERS and the PI tools with your agency. Additional information and reports can be found at: <http://www.azdhs.gov/bems/data/performance-improvement-reports.htm>.

SHARE 9-1-1 CPR PROGRAM RECOGNIZED BY ASTHO



By Micah Panczyk, 911 CPR Program Manager

The Save Hearts in Arizona Registry and Education (SHARE) [9-1-1 CPR Program](#) won second place in the 2013 Association of State and Territorial Health Officers ([ASTHO](#)) Vision Awards. Applications were rated on innovation, effectiveness, and potential for replication. The award committee found the program, “A creative approach implemented to address public health needs from which other states can benefit.” The Vision Awards recognize outstanding programs and initiatives that use a creative approach to address public health needs or problems.

The 9-1-1 CPR Program teaches 9-1-1 dispatchers to recognize potential cardiac arrests over the phone and start appropriate CPR instructions as early in calls as possible.

ASTHO, the national nonprofit organization representing public health agencies in the United States, U.S. Territories, and the District of Columbia, has more than 100,000 public health professionals. ASTHO's primary function is to track, evaluate, and advise members on the impact and formation of public or private health policy which may affect them and to provide them with guidance and technical assistance on improving the nation's health.

For more information contact Micah Panczyk at (602) 364-2846 or Micah.Panczyk@azdhs.gov.

EMS PERFORMANCE IMPROVEMENT TOOLS & REPORTS

Cardiac Arrest

Major Trauma

STEMI

Stroke

AZ-PIERS Report

PERFORMANCE IMPROVEMENT TOOLS FOR ARIZONA'S TRAUMA SYSTEM



By Dan Didier, MBA, Paramedic, Trauma Development Section Chief

The Bureau of EMS and Trauma System (Bureau) has been working closely with Arizona's trauma system stakeholders since the 2012 American College of Surgeons (ACS) Trauma System Review, that identified key focus areas to lower Arizona's overall and rural-specific injury mortality rates. The ACS recognized that rural Arizona presents a challenge concerning injury mortality rate. Developing rural trauma (increasing trauma center designations, EMS trauma triage guidelines, provider education, inter-facility coordination) in conjunction with injury prevention efforts will help in this effort.

A couple of ACS recommendations are in effect already. First, identifying performance improvement measures that could effectively impact the state's overall and rural-specific mortality rate and sticking with those measures over a longer period of time as compared to our past practice. Second, the ACS recommended Arizona convene a Trauma Program Managers Group to serve as a system advocate and contribute to trauma system development.

Evaluation and discussion between trauma center representatives helped identify performance improvement measures. The consensus was to start on four focus areas to better assist rural trauma and the broad continuum of care of the injured patient. The focus areas are: 1) Reducing Emergency Department dwell times; 2) Reducing transfers after admissions; 3) Reducing deaths outside of trauma centers; and 4) Increasing trauma billing efficiency. These areas of focus will be monitored, measured, and shared with all state trauma program managers as a group, contributing to overall trauma system performance improvement.

On July 30, 2013, the Bureau and University of Arizona's Office of Rural Health – Flex Program held a trauma program managers workshop hosted by the University of Arizona Medical Center – Tucson Campus. The workshop allowed statewide trauma program managers to meet and hear best practices from subject matter experts. The meeting also allowed open discussions that yielded a host of suggestions to systemic improvement in each of the four identified focus areas. The Trauma Program Managers Group will meet again on November 15 in Flagstaff.

ARIZONA-MEXICO CHILD INJURY PREVENTION COOPERATIVE AGREEMENT



By Dr. David J. Harden, JD, NREMT, Strategic Planning & Communication Section Chief

A Declaration of Cooperation addressing the prevention of injuries to unrestrained children in motor vehicles was signed by the Governors of Arizona and Sonora, Mexico, at the July 2013 Arizona-Mexico Commission (AMC) held in Scottsdale. Through the collaborative efforts of the Arizona Department of Health Services and the Sonoran Secretary of Public Health, the 2013 Summer Plenary Health Declaration of Cooperation strives to educate parents and grandparents on both sides of the border on the importance of properly restraining children in motor vehicles and to collect new and used car seats for donation to the Sonoran Department of Health after going through a checklist. The donated car seats will be presented to the Sonoran Department of Health for distribution.

The Arizona Department of Health Services Injury Prevention Program/Child Fatality Review's A Safe Ride Home website provides additional information on car seats. You can also contact Tomi St. Mars, Injury Prevention Program Manager, at 602-542-7340 or Tomi.St.Mars@azdhs.gov.

The AMC is an Arizona non-profit organization set in motion in 1959, with the mission to improve the economic prosperity and quality of life for all Arizonans through strong public/private collaborations in advocacy, trade, networking and information. The AMC has 14 bi-national committees, including the Health Services Committee, with Arizona Co-Chairs Will Humble and Dr. William Neubauer, MD; and Sonoran Co-Chairs Bernardo Campillo Garcia, Secretario, Secretaria de Salud Publica del Estado, and Adolfo Felix Loustaunau, Medico General, Casa del Medico Public Health Department. The Declaration of Cooperation is one of the tasks undertaken by the AMC's Health Services Committee.

STATUTORY COMMITTEES - 2013 CALENDAR

MEETING	TIME	DATES	MEETING	TIME	DATES
State Trauma Advisory Board	9:00AM	Jan 23, May 29, Sept 25	Trauma & EMS Performance Improvement	9:00AM	Mar 20, July 18, Nov 20
Medical Direction Commission	12:00PM	Jan 23, May 29, Sept 25	Education Committee	10:30AM	Mar 20, July 18, Nov 20
EMS Council	10:30AM	Jan 23, May 29, Sept 25	Protocols, Medications & Devices Cmte.	12:00PM	Mar 20, July 18, Nov 20

2013 Statutory Committees Calendar: <http://www.azdhs.gov/bems/documents/advisory/2013-bemsts-meeting-schedule.pdf>

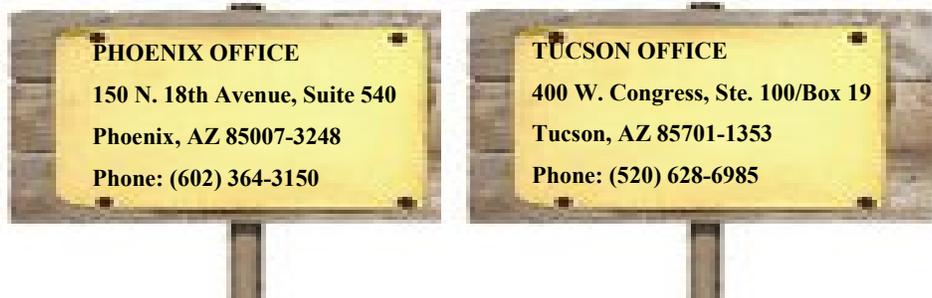
Meeting held in the 150 N. 18th Ave., Conference Room 540A.

Conference Call Number: (1-888-757-2790; Code 666732);

I-Linc URL: <https://azdhs.ils.com/register/xcphsxt>

THE BUREAU OF EMS AND TRAUMA SYSTEM OFFICES

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



FOR YOUR INFORMATION

FACTSHEETS & RESOURCES:

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



Bureau data gallery

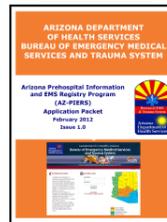
THE PULSE NEWSLETTER:

Contact David Harden at hardend@azdhs.gov to be added to the mailing list or to suggest an article topic.

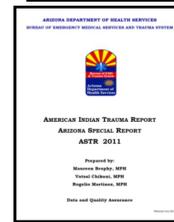
STAB Report



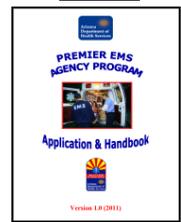
AZ-PIERS



Tribal Trauma



P.E.A.P



RESOURCES

RELATED WEBSITES:

- [EMS Regional Councils](#)
- [Governor's Office of Highway Safety](#)
- [Arizona Ambulance Association \(AzAA\)](#)
- [American Ambulance Association \(AAA\)](#)
- [American College of Surgeon \(ACS\)](#)
- [Arizona Public Health Association \(AZPHA\)](#)
- [Federal Emergency Management Agency \(FEMA\)](#)
- [National Association of State EMS Officials \(NASEMSO\)](#)
- [National Highway Traffic Safety Administration \(NHTSA\)](#)

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](#)
- [Arizona Immunization Program](#)
- [Extreme Weather & Public Health Program](#)