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Featured Agency: Danvers Community Fire Protection District

Written by: Chief Glenn Rosecrans

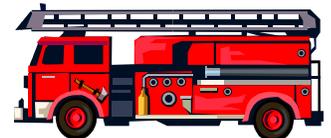
As of May 1st 2010 the Danvers Fire Department began providing ambulance service to the Village of Danvers and the surrounding Danvers Community Fire Protection District. For the approximate 20 years prior to May 2010, Emergency Medical Services were provided by a not for profit agency named Danvers Emergency and Rescue Service which was contracted to the Fire Protection District. The ambulance and personnel have always been housed at the Fire Station at 208 E. Main in Danvers, leasing garage space from the District. Further while there were (and still are) some non-firefighter EMT's, there were many members that served on both agencies. Fortunately, being housed under one roof; both agencies have always gotten along well. For several years there was discussion about combining the two agencies. Then in 2009 the discussion became more serious with investigation being done into what it would take, transferring assets, book keeping, billing, licensing, structure, and so forth. Then in April of 2010 the not for profit dissolved and the Fire Protection District took over providing EMS services through the Fire Department. Two extra Trustees were added to the Fire Board, all of the assets were taken over

by the District, and an Assistant Chief of EMS and Captain/Quartermaster position were added to the Department's command structure to include EMS. All of the changes were implemented smoothly much to the hard work of all the EMT's, Officers, and Trustee's and since the ambulance has always run out of the Fire Station, the Community never even knew anything changed!

The District covers approximately 63 square miles and protects a population of about 5,000 people. The Danvers Fire District includes the Village of Danvers, all of the Danvers Township, and approximately 2/3 of Dry Grove Township. The Ambulance generally runs anywhere from 150 to 180 calls per year. We operate a transporting BLS ambulance with an ILS response vehicle as well as the Fire Departments BLS non-transporting heavy rescue. We run from the Tazewell county line up to Mitsubishi Motorway covering approximately 13 miles of State Rt. 9. We run mutual aid with Carlock, Dale Township, Stanford, Congerville, and occasionally Mackinaw. We are lucky to have 18 EMT's on the Department, 4 of which are EMT only with the rest serving as both Firefighters and EMTs. We currently have 5 of our members that are taking the EMT-B to I course

which will bring us up to 8 Intermediates on the Department. We are very lucky to have EMTs that either work in the Village and can respond from work or work night shifts allowing us to be able to remain completely volunteer to date.

We realize that we have been one of the luckier departments not to be as affected when LifeLine went out of business. Our community and Trustees have always given us great support and great equipment to work with. The transition to being all one in Danvers has been a good one for us giving us a greater opportunity to train much more closely together providing for rehabilitation services, extrication, mass casualty, and just a more cohesive command structure. We look forward to the challenges of the future never forgetting to learn the lessons from the past.



The Future of EMS Education

Written by: Jim Davis

Over the past year or so there has been a lot of information about the future of EMS Education. I am going to attempt to summarize the changes that have been made or are coming. Please keep in mind that decisions are still being made and the details are still in flux. In other words, by the time you read this some things may have changed.

In order to understand where we are today I think it's important to understand how we got here. Most of the changes you see happening can be attributed to The EMS Agenda for the Future. In 1996, the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA) published the EMS Agenda for the Future, commonly referred to as the Agenda. This was a federally funded position paper completed by the National Association of EMS Physicians (NAEMSP) in conjunction with the National Association of State EMS Directors (NASEMSD). The intent of the Agenda was to create a common vision for the future of EMS. This document was designed for use by government and private organizations at the national, state, and local levels to help guide planning, decision making, and policy regarding EMS. The Agenda addressed 14 attributes of EMS, including the EMS education system. Specifically it recommended national core content for education and a national scope of practice. Both national core content and national scope of practice were developed by committee with primary leadership by National Association of State EMS Officials (NASEMSO). In June 2011 IDPH issued a memorandum announcing implementation of the new education standards and scope of practice.

The memorandum essentially states that the new education standards will be implemented January 1, 2013. It requires all courses that will be completed after that date to be taught to the new National Education Standards. The memo also explains the changes in licensure titles. First Responder becomes Emergency Medical Responder, EMT-Basic becomes EMT, EMT-Intermediate become Advanced EMT, and EMT-Paramedic becomes Paramedic. As a result of the change from the old National Standard Curriculum to the new Education Standards and the old scope of practice to a new scope or practice the most controversial change occurred at the EMT-I to AEMT level.

This significant change caused several other deadlines to be placed. All levels, except the EMT-I would be recognized with the new titles. The EMT-I will no longer be recognized after December 31, 2017. This leaves EMT-Intermediates with two options. They must transition to a Paramedic License or they will be licensed as an AEMT once the EMT-I is no longer recognized. All EMT-I to Paramedic transition must be completed by December, 2016.

As I stated in the beginning most of this is still in flux. We just recently became aware that the legislation causing most of these changes SB3261 has stalled. So the future of EMS is once again uncertain. The only thing that can be said is that as with all things nothing stays the same. With that in mind we must always focus on patient care and keep in mind operational impact when implementing new standards.

Newest Staff Additions

On May 29, 2012, the MCAEMS System office announced the hiring of two part-time educators; Frank Friend and Joel Gollnitz.

Frank has been in EMS since 1993 in various capacities. In addition to holding his Paramedic license and various other EMS certifications, Frank holds an Associate of Applied Science degree in Fire Science.

Joel has been in EMS since 2003 in various capacities. In addition to holding his Paramedic license and various other EMS certifications, Joel is completing an Associate of Applied Science degree in Fire Science.

Both Frank and Joel work full-time as Firefighter/Paramedics and bring that knowledge and experience with them to the classroom setting when conducting education for the McLean County Area EMS System.



Prevent Heatstroke

Heatstroke is caused by prolonged exposure to high temperatures or by doing physical activity in hot weather. You are considered to have heatstroke when your body temperature reaches 104 F or higher. High humidity, certain health problems and some medications increase your risk of heatstroke. So does being a young child or older adult.

Follow these steps to help avoid heatstroke:

Wear light-colored loose fitting, lightweight clothing.

Drink plenty of fluids.

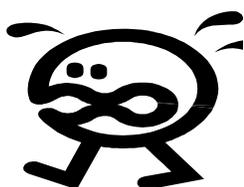
Take extra precaution with certain medications.

Never leave children or pets in a parked car.

Take it easy during the hottest parts of the day.

Be cautious if you're at increased risk.

Courtesy of www.mayoclinic.com



EMS Patient Navigator Coordinator

Written by: Greg Scott

An exciting opportunity for the McLean County Area EMS System is right around the corner. Beginning this summer, the McLean County Area EMS System will hire a part-time EMS Patient Navigator Coordinator. You may ask, "What is an EMS Patient Navigator Coordinator?" The EMS Patient Navigator Coordinator will work to reduce the frequency of inappropriate utilization of EMS services for non-medically necessary or non-emergency reasons.

It is the goal to provide quality patient outcomes through the identification, development, implementation, and evaluation of individuals that are identified as high risk due to the lack of resources or available healthcare. These high risk individuals will be identified by EMS providers, Hospital Emergency Departments and Physician Offices.

If an individual within your response area calls for an ambulance for non-medically necessary or non-emergency reasons, EMS providers will be able to complete a referral form and submit to the EMS Patient Navigator Coordinator. Once the referral form has been received and background information is obtained, the EMS Patient Navigator Coordinator will reach out to the high risk individual to serve as a liaison between the patient, their families and support agencies throughout the McLean County Area EMS System and the surrounding communities.

The EMS Patient Navigator Coordinator will strive to identify those patients needing assistance in their homes, due to diminishing state or individual resources in finding the programs available to assist them in living longer in their home and finding the appropriate program to keep them healthy. The Patient Navigator Coordinator will provide education to organizations and individuals about the appropriate utilization of the emergency healthcare system.

The EMS Patient Navigator Coordinator will work cooperatively with those who inappropriately utilize EMS services, and help them to obtain their health care needs through other avenues, other than calling 9-1-1 and requesting an ambulance. These health care needs may include establishing a medical home practitioner, finding a source for medications, seeking mental health services, etc. The goal will be to encourage these high risk individuals to utilize medical services, other than EMS, when it will safely and effectively meet their needs.

The EMS Patient Navigator Coordinator is being made possible through a grant awarded by the Southern Illinois University-Carbondale Rural Medical Transportation Network (RMTN). Additional grant funding may become available in the future that would allow expansion of this to a full-time position. There has been a strong collaborative relationship developed between the SIU-Carbondale RMTN and McLean County Area EMS System. The EMS Patient Navigator Coordinator will provide liaison services to the entire EMS System coverage area. The strong, productive relationships that have been cultivated with the RMTN are allowing these types of innovative programs to be developed. There will be on-going evaluation to identify gaps and deficiencies within the EMS System medical transportation, as well as the barriers that obstruct solutions.



Changes in EMS

Written by: Frank Friend

We certainly came a long way in EMS over the past several years. Locally we are seeing a growing trend in the value of EMS. You can't help but notice this regionally. We are the only system in the state that allows for 1st responders to use BIAD. Most if not all transporting agencies will have a cardiac monitor that allows them to not only perform twelve leads but transmit them to a hospital. The hospitals are seeing the level of accuracy we can detect a Stroke or MI in the field and committing resources based on our assessments. These accomplishments are nothing to shrug off. They are a testament to our training. They also say a lot about those that came before us.

The theme for EMS week was "More than a job; a calling." We all give up a lot to serve our communities. We all provide outstanding consistent care and

treatment. The 2012 theme could not have been more fitting. I too believe it is a calling. It takes a special person to serve another in an EMS capacity. Especially at 2 o'clock in the morning in January and your bladder is overloaded.

The 2012 FDIC keynote speaker was Chief Van Dorpe of the Chicago Fire Department. The title of his presentation was "Standing on the Shoulders of Giants." He spoke about the history of his department. He quoted Captain Richard Scheidt "Leave the job a little better for the next guy." He is pictured on the right carrying out a child from the "Our Lady of Angels" fire. Chief Van Dorpe spoke about the advances made in his fire department and how many of those developments were attributed to the work of men like Captain Scheidt.

I encourage you to take a look at your department in the coming weeks. Look around at what the

people who came before you have done to advance EMS locally. I encourage you to look at yourself and see what things you are doing to advance EMS at your department. I know that I have had many people shape my EMS career. I encourage you to reflect on your good work. It is making a difference. An excellent litmus test is the increasing awareness in the hospitals of our work. At the education session during EMS week held at Advocate BroMenn Medical Center, Doug Brown, Director of Neurology and Surgical Nursing, announced that plans are in the works for the hospital to activate a Code Grey based on our findings. OSF St. Joseph is also working on implementation. We are doing great things in EMS! Much of this can be attributed to those that came before us. They certainly left it better for us and I hope we leave it better for them.

Sources: Fire Engineering Website: FDIC 2012 "Keynote Speaker" picture: ola.com website
Lecture: *Pre-Hospital Care of Stroke Patients*. Doug Brown-Director of Neurology & Surgical Services Advocate BroMenn Medical Center.



Captain Richard Scheidt carrying a child from the "Our Lady of Angels" fire.

Get Involved in EMS

Written by: Michael Crabtree

The last two years have witnessed significant changes in the practice, procedure, and philosophy of EMS. With the exception of the EMS White Paper of 1966, scarcely can one think of an environment in which more fundamental transformations in pre-hospital care are being formulated. Understanding and keeping up with all of these changes is a daunting task. However, it is my belief that all of the changes ultimately serve the same purpose: better defining the role and identity of EMS.

It's easy to define EMS as *a profession that cares for sick and injured people while transporting to an Emergency Department*. Indeed, this definition would be completely accurate for the early practice of EMS. But this statement hardly describes the reality of modern EMS as we currently practice. For example, EMS routinely transports cardiac patients directly to the catheterization lab. Further, EMS often treats on the scene, forgoing transport altogether (approximately 10% of all MCAEMS System runs fall into this category). Obviously, we do not have a consistent definition or role of EMS. Are we public health? Are we a component of public safety? Perhaps both? Neither? Mirroring and further compounding this identity crisis is the fact that EMS still lacks a strong and well defined home within the Federal government.

Rather than be confused and apprehensive of pending changes to EMS, we should realize that ultimately our profession is at long last staking its claim on *what we are* and *what we do*. We are critically evaluating what we are good at, what we are not so good at, what we are capable of accomplishing, and what we need to do to grow as a profession.

The most important thing we can do is to become involved. Research the proposed laws and rule changes. Investigate the emerging trends in EMS such as community care paramedic models, increased education standards, and financial reimbursement for prehospital care. These topics may not seem overly exciting to you, but I remind you that if we do not stay actively engaged during this time, legislators and administrators with little to no EMS background will define our role for us. At this juncture, we have the opportunity to define our profession and determine its future.

I encourage you to start your journey by examining current legislation. A great place to start is www.advocatesforems.org. You can also visit www.Thomas.loc.gov and perform a keyword search for "EMS." On the state side, you can go to www.ilga.gov/legislation and do a search for "EMS" as well. If a state bill is being debated in committee, you can give your two cents directly to the committee at <http://witnesslips.ilga.gov/>. There is no doubt EMS is changing. The question is - will we be a part of it?