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## Featured Agency: Bloomington Communications Center

*Written by: Darren Wolf*

The Bloomington Communications Center is the Public Safety Answering Point for the City of Bloomington. In this capacity, the Center answers 911 calls from wireline phones within the City of Bloomington. The Center also receives wireless 911 transfers from the McLean County 911 Communications Center (Metcom) for events occurring within the City. In addition to emergency call-taking, the Center also answers non-emergency and administrative phone calls for the Bloomington Police and Fire Departments; as well as other City departments. The Center also provides dispatching service to the Bloomington Police and Fire Departments. Another important function of the Center is to act as the back-up center for Metcom. Should Metcom have an equipment failure or some type of disaster, the Bloomington Center can take over operations for the County. In turn, Metcom provides the same service to the Bloomington Center.

The Bloomington Communications Center began operations in June of 2006. The Center employs 16 full-time telecommunicators, three seasonal telecommunicators, and one Communications Center Manager. All staff are trained as Association of

Public-Safety Communications Officials (APCO) Public Safety Telecommunicator 1, APCO Fire Service Communications, National Academy of Emergency Dispatch (NAED) Emergency Medical Dispatchers, and State of Illinois Law Enforcement Agencies Data Systems (LEADS) Full Access Operators.

The Center operates a variety of equipment to carry out its essential job functions. First, the Center utilizes Motorola Gold Elite radio consoles to connect to Starcom21 for police communications and a VHF system for fire communications. Second, the Center utilizes the Cassidian Communications Sentinel phone system for 911 and non-emergency phone operations. Finally, the Center uses the New World Systems Aegis MSP Computer Aided Dispatch (CAD) system for the tracking of calls and unit statuses. The CAD system utilizes automatic vehicle location technology to track police and fire unit locations. This technology is also used to dispatch the closest available unit to fire and medical events.

The Center must have minimum of three telecommunicators on-duty at all times to handle the call

load. Peak hours are staffed with four telecommunicators. In 2011, the Center answered over 25,000 911 calls and over 88,000 non-emergency/administrative calls. In 2011, the Center dispatched over 66,000 police calls for service and over 9,700 fire/EMS calls for service.

Upon request, the Center offers tours to groups and organizations that have an interest in our operations. The Center also provides public education material and presentations about 911 to interested parties.





## PALEO RECIPE

### No Potato Salad

#### Ingredients

- 1 head cauliflower, chopped into small florets
- 2 stalks celery, diced
- 1/4 yellow onion, finely diced
- 1 tbs fresh parsley, finely chopped
- 2 eggs, hard boiled, shelled, and diced
- 2 tbs mayonnaise
- 1 tbs Dijon mustard
- ½ tsp sea salt (optional)

#### Instructions

1. Add 1" of water to the bottom of a medium pot (with lid). Insert steamer basket and fill with chopped cauliflower. Cover.
2. Steam cauliflower on the stove top over medium-high heat until slightly tender, about 10 minutes after water begins to simmer (overcooking will develop a stronger "cauliflower" smell, and a mushy texture).
3. Drain cauliflower and rinse with cold water to cool immediately. Place in a large bowl
4. Add celery, onion, parsley, and egg.
5. Stir in mayonnaise, Dijon mustard, and sea salt
6. Serve immediately or store in refrigerator.

Courtesy of [www.paleoplan.com](http://www.paleoplan.com)



## What is Professionalism?

*Written by: Joel Gollnitz*

Professionalism, a word that we use often in the field of EMS, but do we really think about its meaning? Most of us believe we are being professional in our day to day tasks as EMS providers, but what makes up professionalism? What does professionalism mean to you? These are the questions I asked my recent EMT-I class, their assignment was to write a paper on professionalism and what it means to EMS. The following article was written by student Trevor Geshwilm from Danvers Fire Department. I believe he summed it up well. Enjoy!

*Merriam-Webster defines professionalism as the conduct, aims, or qualities that characterize or mark a profession or a professional person. Professionalism, to me, means that no matter what the situation I get called into as an EMT, I will be able to be non-judgmental, provide patient care to the best of my abilities, be competent when I am giving my patient report to the medical staff at the hospital, and if the need comes in court.*

*Professionalism should be viewed as something that is very important to any workplace, especially in EMS, as it can affect patient care. EMT's who take professionalism seriously will be viewed as "someone who has it together", whether it be the nurse or physician at the hospital. Patients are also more trusting of a professional EMT and this can lead them to be more cooperative and reduce anxiety, which can directly affect the patient's condition. Patient reports should also be written and assembled professionally. A complete and well written patient report not only affects the continuing care that the patient receives, but it can also keep the EMT from being called into a lawsuit, and will serve as a good refresher if need arises.*

*Characteristics of a professional EMT are not letting the emotions run the call, being non-judgmental, even if every fiber of their being is telling them to be. Professional EMTs use appropriate language when communicating to with the receiving facility and the patient. Also, professional EMTs should have all equipment available, organized, and ready for use. The back of the ambulance should also be clean and organized. A professional EMT should always make sure the equipment is out of the patient's house, and back the way it was prior to arrival. Also, if the patient lives alone, it can mean locking the door and closing up the house on the way out.*

*In conclusion, professionalism is something that affects not only you, but the people around you including the hospital staff, patients, public, and your co-workers. As an EMT, I always try to be as professional as I can be to not only make me look good, but to make my fellow brothers & sisters in uniform and the service I work under look good.*

### Newest Staff Addition

*We would like to welcome the new Patient Navigator, Kris Newcomb!*

*Kris received her Bachelor of Science in Nursing from Eastern Michigan University. She began her career on a kidney transplant floor at William Beaumont Hospital. She then spent 17 years serving in multiple roles in home health care in Metro Detroit before relocating to Bloomington in July 2011. She currently remains a phone triage nurse for the home care agency in Michigan several nights per week. Kris spent the last year working as a clinic nurse at Fort Jesse Family Practice, where she still works PRN. Kris has a husband, two children, and two dogs. She brings much excitement and anticipation of improving the quality of life of our patients through the use of the many social service resources available in the community in her new role.*



## Paramedic Program Begins

*Written by: Frank Friend*

The EMT-Basic to Paramedic program began on October 24<sup>th</sup>. We have nine students enrolled in the program. Numerous changes in the delivery of education have taken place over the past year. The Paramedic program is now divided into four 16 week semesters. We have focused much of our education delivery model toward psychomotor and affective domain. We have also developed a process to show progression of learning in these areas. We identified these as key elements for overall success and specifically during field clinical time through dialog with students and Preceptors.

Paramedic students go through cycles of learning. Each student has those aha! moments where all the information they have been given now makes sense to them. At different points during the program the students become frustrated with understanding why the Instructors are so picky when it comes to formatting a patient assessment and treatment plan as an example. It is only when they are participating in their field internship time do they have these big aha! moments. However, at that step the students are harder to capture and sharing that information with other students is difficult.

In an effort to show progression and capture those educational moments, we are sending the students out into the field during their first 16 weeks of school for ALS observation and BLS performance. Traditionally, students were not allowed access to the field until much later in the program. We believe this will cut down on student frustration. It will also serve as a conduit for class discussion.

Field Internship is a very stressful time for our students. I am very grateful for the hard work and dedication of those who serve as Preceptors. We will be sending out information on the particulars of our new Field Internship Program to agencies who host students soon. Finally, I would like to wish everyone Happy Holidays and safe travels.



## Patient Navigator and the Referral Process

*Written by: Kris Newcomb*

EMS personnel within the McLean County Area EMS System routinely encounter patients that have service needs that can be better served by involvement of Social Service Departments. The role of the patient navigator is to facilitate the referrals of those clients to area Social Service Departments and appropriate community resources. This position is grant funded by Southern Illinois University in conjunction with the Rural Medical Transportation Network. The purpose of the patient navigator is to assist clients in utilizing community resources and agencies to prevent, treat, and manage those symptoms that necessitated the repeated use of 911. The goal will be that clients utilize appropriate resources to manage their medical needs independently and 911 can better serve emergencies in our community. It is appropriate to place a referral when a client meets any of the following criteria:

1. Frequent calls to 911 about maintenance medical problems such as breathing treatments, glucose checks, blood pressure checks, etc.
2. Calls to 911 for quality of life issues such as falls (lift assistance), emotional issues (loneliness, anxiety), and environmental problems (hoarding, poor living conditions).
3. Clients who do not have a primary care physician or lack transportation to medical appointments.
4. Any client with social service needs that can be better served by involvement of available area social service departments.

Upon receipt of a referral, the patient navigator will contact the client and offer the service. If agreeable, the patient navigator will meet with the client. The patient navigator will then assess, plan, implement, coordinate, monitor, and evaluate the services and available resources for the client. The navigator will also provide updates and outcomes to the referring agency. It is the goal of the patient navigator to assist clients in finding appropriate resources and services to meet their health needs with the greatest quality, cost and effective outcomes. This will improve quality of care to patients utilizing the 911 system.

If there is a client that you feel meets the criteria, notify your EMS supervisor. The patient navigator referral form is available on the Mclean County EMS system website under forms. It may be emailed as an attachment to Kris Newcomb at [knewcomb@mcleancounty.org](mailto:knewcomb@mcleancounty.org) or printed and faxed to the EMS office at 309-827-2017. I may also be reached at 309-827-4348. If you have any questions or concerns regarding this new exciting position and how it can help you, please contact me.

This position will provide a liaison between the McLean County Area EMS System, the client, their families, and support agencies throughout the EMS System.

## Paramedic Program Changes

*Written by: Jim Davis*

As some you may be aware, the EMS office is currently working on the accreditation process for our Paramedic program. As far as the process is concerned, we are currently waiting for our Letter of Review and site visit. While this is a tremendous undertaking, the process and new requirements have brought about some exciting opportunities to improve our visibility to those of you in the field and specifically by preceptors is the field internship component of the program.

In the past, Paramedic students were released to complete their field internship near the end of class. Starting with the 2012 B-P program, students will be released much earlier. The

2012 program has been divided into 16 week semesters. This was done to assist with articulation/transfer agreements with colleges; it also allowed us to more cleanly break the class into smaller portions. The other factor in the change is the requirement set by CoAEMSP that students show a progression in difficulty during their field internship. To meet the progression requirement students will be released to the field near the end of each semester. During the first semester, students will be released to do 20 hours of ride time serving as a BLS only crew member. The goal of the first semester is to acquaint the students with the ride time process and provide them the opportunity to observe ALS crews in action. During the second

semester, students will be released for 40 hours of ride time to serve as the Team Leader on BLS calls only. This will allow them to learn and understand the team leader process on very low acuity calls. During the third semester they will ride for another 40 hours and serve as an ALS team member. In that role and during that time it will be all about skills, with the goal of them gaining and demonstrating ALS skills with great proficiency. Finally, the fourth and last semester will be a minimum of 250 hours in which the students will put it all together. Their main focus by then should be acting as the Team Lead on ALS calls.

As this new process plays out I would love to hear any feedback you may have. I believe that our system preceptors do an excellent job producing high quality Paramedics. With the support and input of our preceptors and all of the field providers, I believe we can ensure the quality and success continues.



## A.B.B.R.E.V.I.A.T.I.O.N.S.

*Written by: Michael Crabtree*

Overall, providers in the MCAEMS System do a great job documenting calls. However, one issue that seems to be widespread in the system is the use of unapproved abbreviations.

One major key to great documentation is the minimization of confusion and ambiguity. Unapproved abbreviations add both of these undesirable traits to documentation. I encourage everyone to review the list of system approved abbreviations, located at the beginning of the protocol manual. Further, you should have ready access to this list while you are completing patient care reports. If you do not have access to the list and cannot remember if a particular abbreviation is approved, it is best to just "spell out" the term or phrase.

By incorporating appropriate abbreviations and eliminating unauthorized abbreviations, you can easily increase the accuracy and strength of your documentation.

