

IEMSA

January – April 2009

VOICE



A VOICE FOR POSITIVE CHANGE IN IOWA EMS

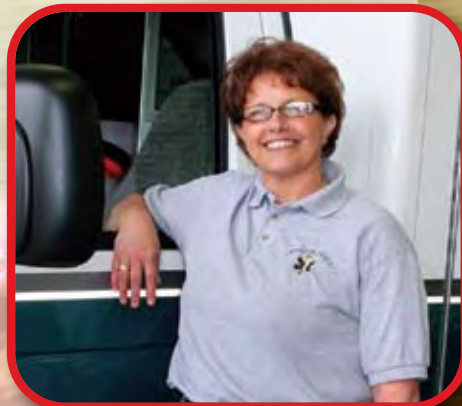


New Member Welcome **5** | Continuing Education **6** | Affiliate Profile **10**

I o w a E m e r g e n c y M e d i c a l S e r v i c e s A s s o c i a t i o n

"Write Your Own Success Story" . . .

"Our service went from \$60,000 a year in revenues to \$170,000 a year since switching to LifeQuest! In the 5 years we've been with LifeQuest, the returns have been so great that we have been able to pay wages and rising costs of medical equipment and supplies without increasing taxes to the municipalities that fund our service. It's nice to have the money to be able to pay all expenses and still set aside funds for new ambulances and defibrillators. Our service, commission, and community leaders have all been pleased with our reimbursements. This just wouldn't have been possible without LifeQuest. Thanks !!!" *Diane Eberdt, Director of Lodi Ambulance*



"I have been with the Boyd-Edson-Delmar Ambulance Service since 1979, and I am currently the Fire Chief/EMS Director . . . We have been with LifeQuest since May of 2007. Previous to that I did all of the billing and used to spend 20-30 hours a week on it, due to the complex system that's used for billing ambulance runs. Since we have gone with LifeQuest as our billing agency, it has freed my time up immensely. I feel LifeQuest does a very professional job, their high collection rates have increased our revenues, they are very respectful to our clients and are very knowledgeable about anything to do with Medicare, Medicaid or any other insurance carrier. LifeQuest has always been very patient and accommodating with us no matter what problem has arisen. Thank you LifeQuest, you do an excellent job!"

***Ronald Patten, Fire Chief & EMS Director for
Boyd-Edson-Delmar Fire Department & Ambulance Service***



"Our Ambulance service has been with LifeQuest since 2005 and for 3 years we have continued to have our revenue grow every month. We have been able to upgrade equipment, get an increase in our on call pay, and finish paying for our ambulance. The free seminars and training are fantastic. The data management is priceless. LifeQuest has the most outstanding staff ever. Most of the staff, having been or continue to be in EMS. They are the nicest, and definitely the most helpful, EMS family.

As a relatively new Ambulance Director, I can't imagine running a service without LifeQuest. Thank you so much; I couldn't do it without you. As I always say 'I LOVE LIFEQUEST'"

Robyn Foster, Service Director for Osceola Area Ambulance



VOICE



Iowa Emergency Medical Services Association Newsletter is Published by:

IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION

2600 Vine Street, Suite 400 • West Des Moines, IA 50265

Iowa's First EMS CRUISE

— BY TOM SUMMITT AND LORI REEVES —

a Success!

A few short weeks ago, nearly 75 Iowa EMS and fire personnel joined with Wisconsin and North Dakota for a wonderful seven-day cruise aboard the beautiful Carnival Valor.

Leaving from the Port of Miami, everyone enjoyed our home at sea. First off, the food! We could definitely understand why food is one of the top reasons to go on a cruise. We were treated to a deck side grill, pizzeria, Sushi Bar, 24-hour room service, twin two-deck high formal restaurants, pool side eatery, and so much more. The Valor also houses a total of 22 bars and lounges.

Our time was well spent. The nightly entertainment was excellent. It featured a full scale production with dancers and singers, along with comedians and a magician. Every night offered something new and different. And if you enjoy participation, well let's just say some of the EMS people did end up on stage!

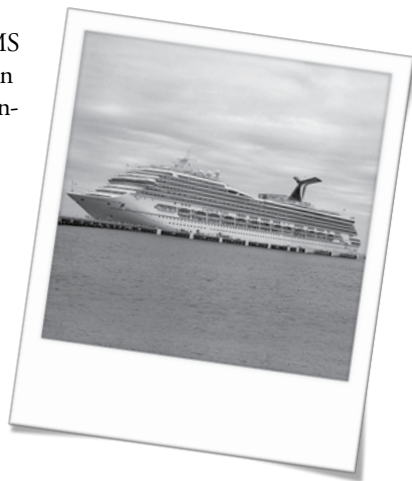
With excellent weather the entire week, watching a movie on deck under the stars was fun. During the day, we had our choice of four swimming pools, hot tubs, volleyball, jogging track, casino, and game rooms. If shopping was your thing, plenty of shops on the ship were open nightly.

During our week at sea, we had fun visiting Grand Cayman, Roatan Island, Belize, and Cozumel. The choices when visiting these islands were endless! Snorkeling, scuba diving, sky diving, golfing, fishing, taking a submarine ride, and shopping were just a few of the things to choose from!

This was an extremely fun and relaxing cruise. If you have never experienced a cruise, you should. You will not be sorry! The Carnival Valor stands out among its competitors with quality and caring for its guests. We were pampered day and night. Their staff is nothing short of excellent!

We will begin working on another cruise for our Iowa EMS Association, hopefully setting sail in 2011.

We will keep you posted! ■



2009

IEMSA MEETINGS

Board Meetings:

The IEMSA Board of Directors will meet either in person or via teleconference on the following dates from 1:00-3:00 p.m. unless otherwise noted. All meetings, with the exception of the Annual meeting, will be held at 1:00 p.m.

2009

- **June 18** Teleconference
- **July** NO MEETING
- **August 20**
West Des Moines EMS Station 19
- **September 17**
West Des Moines EMS Station 19
- **October 15**
West Des Moines EMS Station 19
- **November 12**
ANNUAL MEETING
Polk County Convention Center
- **December 17** Teleconference

Additional Important Dates:

November 12 – 14, 2009
IEMSA 20th Annual Conference
& Trade Show
Polk County Convention Center
Des Moines, IA

MEMBERSHIP ANNOUNCEMENT

Membership Information Available Online

Attention Individual and Affiliate Members: You can now find your membership information online. Easily look up your membership number and renewal date by visiting the Membership Information tab at www.iemsa.net. In addition, Individuals can conveniently renew an existing membership or establish a new membership online by choosing the Renew or Establish a Membership Now link.

A Message from the President



John Hill, EMT-PS
IEMSA President
Board of Directors

United We Respond

Here's to the quick, the brave, and the dedicated. To the special 12,000 Iowa EMS providers who selflessly combine heroism and compassion. Here's to all of you for volunteering and working long hours to serve your communities. When the call comes in, you are the ones who answer it, giving up weekends and holidays, but still finding time to teach children about safety and to help with community events. On behalf of the

ZOLL acknowledges our Partners in Resuscitation for their dedication to the communities of Iowa.

Thank you for all you do!



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Iowa Emergency Medical Services Association's Board of Directors we would like to thank you for your tireless efforts in providing outstanding care to the residents in your communities!

As we celebrate National Emergency Medical Services Week (May 17-23), The Iowa Emergency Medical Services Association's Board of Directors would like to recognize the men and women who commit their lives to providing critical, lifesaving services and compassionate care to our patients and their families.

Emergency Medical Services Week is a week of celebration dedicated to the achievements of all of you, the men and women who daily are on the front lines within the EMS community. We all know that EMS providers touch people's lives on a daily basis. The emergency care and support provided by EMS personnel in difficult and stressful situations often leaves a lasting impression on our patients and their families. While we know that the treatment and empathy provided does not go unnoticed, for many of our patients, family, and friends it is often not until the EMS providers have left that thoughts turn to thanks.

You are all indeed extraordinary people. You have to see things that no person should have to see, and do things that most people would refuse to do, all as a matter of course. With a combination of technology, knowledge, skill and compassion, you save lives that once would have certainly been lost, reduce suffering, and provide comfort and reassurance to people who are in the greatest need. Whatever the health care emergency, you, the EMS providers of Iowa, are always there when needed.

Emergency Medical Services Systems include the public bystanders, medical first responders, emergency medical technicians, paramedics, nurses, physicians, and those who staff the air and ground ambulances, hospitals, training institutes, medical command facilities, specialty care centers, injury prevention and public education programs. All are important components of the system, connected through communication systems and 911 centers.

IEMSA is pleased to recognize and honor the contribution of all dedicated EMS providers whose commitment, efforts and talents touch the lives of thousands every year and result in hundreds of lives being saved. The selfless devotion to the health and well being of the Iowa communities that all of you show day in and day out is truly commendable.

Please stay safe. ■

IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION BOARD OF DIRECTORS 2009

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The *Emergency Medical Services* Learning Resources Center

BY LEE RIDGE

The Emergency Medical Services Learning Resources Center (EMSLRC) was established as a part of University Hospitals in 1978. The EMSLRC is now an educational component of the Department of Emergency Medicine. It is a part of both the Carver College of Medicine and the University of Iowa Hospitals and Clinics. As a part of the largest university-owned teaching hospital in the United States our mission is to provide top quality educational programs for all members of the EMS system, from Emergency Medical Responder to Emergency Medicine Residents and even faculty physicians. Outside students come from all over the world to train in Iowa at the EMSLRC. The center provides educational opportunities to over 6,000 participants annually with a staff consisting of a Medical Director and 11 members.

The EMSLRC's paramedic training program is fully accredited by CAAHEP (Commission on Accreditation of Allied Health Education Programs), and is recognized therefore as meeting the highest educational standards deemed necessary for the EMS profession. The EMSLRC also provides initial EMS training for Emergency

Medical Technicians. Additionally, several of these courses are provided on an outreach basis in communities across Iowa. Current courses offered through the EMSLRC are Emergency Medical Responder, Emergency Medical Technician, Paramedic Specialist, Iowa Paramedic to Paramedic Specialist, all levels of Basic Cardiac Life Support, Advanced Cardiac Life Support, Pediatric Advanced Life Support, Neonatal Resuscitation Program, Pre-Hospital Trauma Life Support, Advanced Medical Life Support, Pediatric Education for Pre-hospital Professionals, Geriatric Education for Emergency Medical Services, Advanced Trauma Care for Nurses, Emergency Pediatric Nursing Course, Trauma Nursing Core Course, and Advanced Trauma Life Support.

The EMSLRC staff combines more years of experience than they would like to admit. Combined, the staff has well over 150 years of educational experience. Departmental staff are frequent presenters at a variety of EMS course and conferences both in Iowa and across the nation. Several courses have been presented outside the United States in places such as Japan, the West Bank, and Hong Kong to name a few. Several of the department's staff

currently serve or have served on local, state, regional and national boards and committees. EMSLRC's staff have also shared their expertise by participating in chapter review of EMS textbooks, authoring chapters, or even being a primary author for EMS education materials. Always looking forward, the EMSLRC is currently integrating high-fidelity patient simulation and hybrid content delivery to its training programs.

The EMSLRC strives to be a leader in innovation. In the past 30 years the EMSLRC helped develop what today are the accepted standards of care. Programs have included the original pre-hospital EMT manual/AED defibrillation studies, review of EMT-D cardiac arrest tapes, development of a precursor to the current PALS courses, and development of the Critical Care Paramedic™ training program. ■

For further information please contact us at:

Emergency Medical Services
Learning Resources Center
200 Hawkins Dr., S 608-1 GH
Iowa City, IA 52242-1009
319-356-2597 Tel
319-353-7508 Fax
www.uihealthcare.com/depts/emslrc/index.html

Welcome New IEMSA Members

JANUARY - APRIL, 2009

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Christopher

Doehrmann
Chris Duerr
Ann Gemberling
Sue Haack

Molly Hansen
Rowdy Huffman
David L. James
Nichols Lez

Matthew Matheny
Michael Mccallister
Douglas Merkes
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Dany D. Paulsen
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Douglas Prime
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Kristi Buck
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Linda Studer
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Diana Terrell
Richie Thompson
Holly Thovson
Daniel Tindall
Tythe Van Weelden
Shawnda Vattenck
Dewitt
Erik Villanueva
Cody Walford
Darren Wielenga
Crystal Wilson
Christopher Wright

CHF

Congestive Heart Failure



Introduction

Congestive Heart Failure (CHF) is frequently encountered by EMS providers in the prehospital setting. When the heart becomes an ineffective pump, CHF occurs. Three million Americans have CHF and an additional 400,000 cases are diagnosed each year. Even though the heart is pumping ineffectively it is still able to meet the metabolic demands of the body. When the heart is unable to meet these demands the patient has developed cardiogenic shock. Differentiating between these two conditions is important.

CHF is often classified as right heart failure or left heart failure depending on which ventricle is involved. Right heart failure results because the right ventricle becomes an ineffective forward pump and fluid accumulates on the circulation systemically. With left heart failure, the left ventricle becomes an ineffective forward pump and fluid accumulates in the pulmonary circulation. In most patients there is a combination of right heart and left heart failure. In most cases, right heart failure occurs because of left heart failure.

Congestive Heart Failure is generally classified as either chronic or acute. Treatment strategies differ based on the classification.

Pathophysiology

In a normal person, the heart beats about 100,000 times per day. The circulatory system is a closed system. This means the heart can only pump out what is delivered to it. It also means the right and left ventricle pump approximately the same amount of blood. The amount of blood pumped in a single contraction is known as the Stroke Volume and it averages 60 to 100 ml. The amount of blood the heart pumps in one minute is called the cardiac output and it is calculated by multiplying the stroke volume by the Heart Rate. There are several factors affecting stroke volume. First, the heart can only pump the amount of blood it receives from the venous system. This is called the preload. If the preload decreases, there is less blood for the heart to pump and cardiac output drops.

The most common cause of decreased preload is inadequate fluid in the circulatory system (e.g., blood loss, dehydration).

Another factor is cardiac muscle contractility. The strength of ventricular contraction varies based on several conditions. For example, the more the ventricle is stretched, the stronger the subsequent contraction will be. This is known as Starling's Law. The most common cause of ventricular stretch is increased preload. It follows then that the more blood forced into the ventricle, the greater the stretch, and the greater the force of the subsequent contraction.

An additional factor affecting stroke volume is afterload. Afterload is the pressure within the arterial system the heart must overcome to move blood forward. Thus, the greater the afterload the less will be the stroke volume. In adults, preload, cardiac contractile force and afterload can impact stroke volume. Children, on the other hand, have very little capacity to change their stroke volume. Instead, they rely on changes in heart rate to regulate their cardiac output.

Signs and Symptoms

The signs and symptoms of CHF can run the gamut from subtle to overt. Generally, signs and symptoms suggest which side of the heart is involved. If the right ventricle fails, blood will accumulate and pressures will increase in the venous system. This causes edema of the legs and feet, distention of the jugular veins, enlargement and engorgement of the liver, and weight gain due to water retention. Generally, the pulse rate will be increased to help compensate for the falling cardiac output.

When the left ventricle fails, this causes accumulation of fluid in the pulmonary system and results in pulmonary edema. Pulmonary edema is the accumulation of fluids in the spaces in the lungs outside of the blood vessels. Dyspnea, orthopnea, and abnormal lung sounds (crackles or rales) from fluid accumulation will result. As more of the lungs are affected, hypoxemia develops and the patient becomes agitated and begins to exhibit altered mental status. This hypoxemia can result in coma or death if left untreated.

Various medications are used to effectively manage CHF. Diuretics are often a first step to help promote elimination of water through the kidneys. Lasix or other loop diuretics are often prescribed for this purpose. Digoxin is a cardiac glycoside that increases the strength of cardiac contractility. Additionally, Digoxin has negative chronotropic effects and slows the heart rate. This allows for greater ventricular filling time. Coupled with the increased cardiac contractility, this improves cardiac output.

Most importantly, patients are instructed to maintain a careful diet. An increased intake of sodium or similar substance can worsen the patient's condition.

Prehospital Therapy

For many years, the primary treatment for CHF included a diuretic and morphine. These treatments have fallen out of favor and among some medical professionals are even considered contraindicated. In a Cleveland study the administration of morphine to patients with acute decompensated CHF resulted in an increased need for mechanical ventilation, longer hospitalization, more ICU admissions, and higher mortality. Lasix is a powerful diuretic and has been widely used in the treatment of CHF and acute pulmonary edema despite limited studies on its effectiveness. Studies have associated diuretic therapy for acute CHF with short term adverse clinical outcomes, particularly at high doses, raising concerns for its toxicity. Additionally, many CHF patients are already taking Lasix and bolus administration seems to have little effect.

Current strategies in the prehospital treatment of CHF and acute pulmonary edema include correction of hypoxemia and administration of medications to improve cardiac output. As soon as patient contact is made, EMS personnel should immediately begin the administration of 100% oxygen via non-rebreather mask. This will maximize oxygen concentration and fully saturate circulating hemoglobin.

After the mask is placed, monitors should be applied (e.g., 12 lead ECG, pulse oximetry, capnography, NIBP). A saline lock should be started. If IV access is not readily attainable, and the patient is in extremis, consider placing an intraosseous needle.

For patients who have moderate to severe pulmonary edema, noninvasive ventilations should be started. In the prehospital setting, this is best performed with continuous positive airway pressure (CPAP). CPAP increases airway pressures and is effective in treating hypoxemia and pulmonary edema. CPAP is probably the single most important change in CHF treatment developed over the last few decades. It decreases the need for endotracheal intubation and is highly effective. CPAP is easy to administer and can be performed by EMT-Basics with appropriate training in some areas of the country.

The pharmacologic treatment of CHF and acute pulmonary edema primarily

utilizes nitrates. Nitrates, the most common of which is nitroglycerine (NTG), are vasodilators – primarily venous. NTG reduces myocardial work. Current strategies in the management of CHF call for more aggressive dosing of NTG. In fact, current recommendations include an initial dose of three tablets or sprays of 0.4 NTG for hypertensive patients with CHF (systolic over 180 mm Hg). CHF patients with a systolic

OBJECTIVES:

Upon completion of this article the reader should be able to:

1. Define Congestive Heart Failure
2. Distinguish between right and left heart failure
3. Distinguish between congestive heart failure and cardiogenic shock
4. Define preload and afterload
5. Describe Starling's law of the heart
6. Discuss treatment strategies for CHF in the prehospital setting
7. Describe the use of CPAP and its role in the treatment of CHF
8. Discuss pharmacologic therapy for CHF and acute pulmonary edema
9. State the reason for not administering NTG to patients who have recently taken an erectile dysfunction medication
10. Define cardiac output and stroke volume

blood pressure of between 140 and 180 mm Hg should receive two tablets or sprays of 0.4 mg NTG initially. Normotensive patients (systolic blood pressure between 90-140 mm Hg) should receive one tablet or spray of 0.4 mg NTG. Nitroglycerine should be repeated every three to five minutes if the systolic blood pressure remains greater than 100 mm Hg.

Nitrates should not be used in patients who have taken one or more of the erectile dysfunction (ED) drugs. Generally, you should avoid the administration of NTG if the patient has taken sildenafil (Viagra) or vardenafil (Levitra) in the prior 24 hours, or tadalafil (Cialis) in the prior 48 hours. Fatal

hypotension has been reported when NTG has been administered to patients taking ED medications.

Future Strategies

As we better understand the pathophysiology of CHF, we will develop strategies and treatments to help correct the problem. The development of CPAP has been one of the most significant improvements in CHF treatment in decades. Many patients who were previously intubated and placed on a ventilator are now being managed without intubation by CPAP. Many states and medical directors have started to allow basic EMTs, with additional training, to use CPAP and nitrates. Because CHF treatment is time-dependent, starting appropriate treatment early can save lives.

Summary

There has been a significant shift in the strategy in regard to the management of CHF and pulmonary edema. The use of morphine is controversial and Lasix should be used judiciously. The mainstay of therapy should be nitrates and CPAP.

This presentation has been for educational purposes only. EMS personnel should always follow local protocols in regard to actual patient care issues. ■

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IEMSA

CONTINUING EDUCATION

answer form

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IEMSA Members completing this informal continuing education activity should complete all questions, one through ten, and achieve at least an 80% score in order to receive the one hour (1 CEH) of optional continuing education through Indian Hills Community College in Ottumwa, Provider #15.

For those who have access to email, please email the above information along with your answers to: administration@iemsanet.net.

Otherwise, mail this completed test to:

Angie Moore

IEMSA

2600 Vine Street, Ste. 400

West Des Moines, IA 50265

The deadline to submit this post test is
JULY 31, 2009

10 QUESTION POST-ARTICLE

Quiz

1) CHF stands for:

- A) Congestive Heart Fatigue
- B) Carcinogenic Hear Failure
- C) Congestive Heart Failure
- D) Cardiogenic Heart Failure

2) Stroke Volume, or the amount of blood pumped in a single contraction, averages approximately:

- A) 10-40ml
- B) 40-80ml
- C) 50-90ml
- D) 60-100ml

3) The more the ventricle is stretched, the stronger the subsequent contraction will be is known as:

- A) Sterling Principle
- B) Cardiac Output
- C) Starling's Law
- D) Pratt's Law

4) Pulmonary edema is the accumulation of fluids in the:

- A) Right ventricle
- B) Lungs outside of the blood vessels
- C) Legs and Feet
- D) Left ventricle

5) Continuous-positive airway pressure (CPAP) increases airway pressure and is effective in treating hypoxemia and pulmonary edema:

- A) True
- B) False

6) Nitrates, the most common of which is nitroglycerine, is a:

- A) Bronchodilator
- B) Vasodilator
- C) Vasoconstrictor
- D) Antibiotic

7) The pressure within the arterial system that the heart must overcome to move blood forward is:

- A) Preload
- B) Afterload
- C) Stroke Volume
- D) Arterial loading volume

8) NTG should not be administered to a patient with a systolic blood pressure of less than:

- A) 100
- B) 110
- C) 120
- D) 140

9) When NTG has been administered in patients taking ED medication fatal _____ has been reported.

- A) Hypotension
- B) Hypertension
- C) Hyperthermia
- D) Hypothermia

10) Because CHF is treatment time-dependent, starting appropriate treatment early can save lives:

- A) True
- B) False

What's *New* with the *Bureau*

BY ANITA J. BAILEY, PS

Our Cup Runneth Over...

The Bureau of EMS is very proud to announce that two staff members have received awards.



Evelyn Wolfe
SE Regional EMS
Coordinator

The National Highway Traffic Safety Administration presented Evelyn with a certificate of appreciation for her ongoing efforts to improve the Child Passenger Safety

Program in Iowa. Evelyn was recognized for her superior leadership and special dedication to the field of highway safety. Her significant contributions include 10 years of service, training and retraining technicians, and coordination of monthly child passenger seat checkup events throughout southeast Iowa. To say keeping children safe is her passion would be major understatement. She joined the Safe Kids Coalition in 1996, the Iowa EMSC efforts in 1999 and continues to work to ensure EMS services have pediatric capable defibrillators. Evelyn has been a mentor to many and will continue to inspire others to work to keep kids safe.



Cindy Heick
Injury Prevention
Coordinator

The Safe Kids Greater Des Moines has recognized Cindy for her commitment to teaching caregivers how to properly install child passenger safety seats. The coalition hosts monthly fit stations at Saturn of Des Moines

where Cindy educates all vehicle occupants on the importance of proper restraint. Cindy works closely with Debbi Cooper, Consumer Product Safety Program for the Iowa Department of Public Health. Together they work to teach safety to prevent injuries at home, school and play.

And Finally...

We are pleased to announce that William E. Brown, Jr., Executive Director for the National Registry of EMTs (NREMT) will address the Iowa EMS Advisory Council at the July 8, 2009 1:00 pm meeting at the Medical Examiners Office Room 208 on the Ankeny campus of DMACC. Mr. Brown will share the NREMT perspective on the transition to the proposed four new levels of providers and the quest for national standards to reduce fragmentation of EMS, increase professional mobility and improve public name recognition. ■



Together, life is our mission.

Thank you to all EMS personnel for providing critical medical services when our communities need it most.

It is our privilege to work with you.

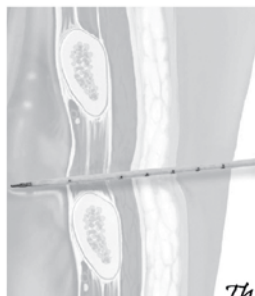


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Affiliate Profile

HENRY COUNTY HEALTH CENTER EMS

Henry County Health Center EMS was established in 1980 when a local funeral home decided not to continue in the ambulance operation. Through a series of meetings that local government held in the community, it was deemed there was a need for a full time ambulance service. Henry County Health Center, the critical access hospital located in Henry County, became the emergency and non-emergency provider of ambulance service in the county. Prior to that time, ambulance services had been provided by local funeral homes and local volunteer services. Initial staffing was at the EMT-A level supplemented by hospital staff. For the next twenty years, HCHC provided ambulance services for the majority of the county, assuming coverage for the entire county in 1997.

HCHC-EMS currently has a staff of 20 Paramedic Specialists, EMT-Bs, and EMT-Is. All full-time staff are certified at the EMT-PS level. Most also carry the Critical Care endorsement. Three ALS ambulances are staffed with paramedic specialists 24/7. Henry County is approximately 440 square miles with a population of approximately 20,000 people. The ambulance service responds to approximately 1,800 requests for assistance each year. Approximately 70% of these requests for service are 911 dispatched emergencies, with the remainder being scheduled and unscheduled transfers. Because of the central location, all ambulances are stationed at the hospital in Mount Pleasant.

With the implementation of the Iowa service level of Critical Care Paramedic, HCHC-EMS recognized the need for that service to be provided to meet the needs of

multiple hospitals in southeast Iowa. Currently, ten members of the EMS staff are trained at the CCP level, allowing HCHC-EMS to have critical care transport available 24 hours a day, seven days per week. Being a hospital-based service has proven an invaluable asset in receiving additional training and experience in the care of critically ill and injured patients.

When not actively involved in prehospital care, the paramedics of HCHC provide assistance in the staffing and function of the emergency department and other hospital areas. Paramedics provide triage, basic and advanced emergency care, ongoing patient



assistance and assessment, and patient care in other hospital departments.

Henry County EMS has an active first responder program with the majority of the county outside Mount Pleasant covered by certified first responder/EMT-B non-transport services. Along with these non-transport services, local law enforcement vehicles are equipped with AEDs and respond to most emergency requests for services.

HCHC-EMS has been proud to be

progressive in the implementation of new treatment programs and protocols. The service was one of the first in the state to implement an out-of-hospital 12-Lead ECG program. In 1997, the service became one of a few nationally to administer prehospital fibrinolytics. Currently, HCHC-EMS operates predominantly via off-line medical control. Progressive protocols, coupled with an active medical director, yield optimal patient care. In the past year, the EMS department has developed a STEMI diversion protocol in conjunction with Mercy Hospital in Iowa City. STEMI patients are diverted from the local hospital directly to Mercy for prompt PCI care.

In 1998, HCHC-EMS was privileged to be awarded the Iowa EMS Association and National Association of EMTs service of the year award. Individual members of the service have been awarded the American Ambulance Association's "Star of Life Award," and the NAEMT has further honored the medical director, Dr. Linwood Miller, the award of National Medical Director of the Year. Jerry Johnston, service director, was awarded National EMS Administrator of the Year by the same organization. Our staff continues to participate and take an active

role in the provision of EMS in Iowa and across the country. Jerry Johnston has been past president of both the Iowa EMS Association and the National Association of EMTs. Various staff members have had roles in state boards, including QASP and EMSAC.

HCHC-EMS proudly supports the vision of Henry County Health Center, "To advance the health of individuals and our communities." As a hospital-based ambulance service, the EMS staff provides a significant amount

of public health education. Public and hospital CPR classes are taught, training hundreds of individuals each year. A number of these classes are provided to the general public free of charge. All classes are done at a minimal cost, with a goal of providing preventative health care to the residents of Henry County. The EMS staff provides volunteer staffing at area high school and college football games at no cost to the competing schools.

HCHC-EMS participates in a bicycle rodeo every other year, training the youth of the community in safe biking and proper riding techniques. First aid classes are taught to daycare providers and the general public, as well as to business and industry within Henry County. Included in this is HCHC's vision statement, "to be the healthcare provider and employer of choice." The staff of HCHC-EMS is supported with state of the art equipment, including fully equipped LP-12 monitors, EZ-IO equipment, CPAP and a fleet of four Lifeline ambulances.

HCHC-EMS has achieved certification as an American Heart Association Training Center. This allows the staff to guide emergency cardiac education throughout the southeast Iowa healthcare community. Our staff is active in leadership roles throughout the Iowa ECC conferences, manning regional faculty positions in all AHA ECC disciplines.

The Henry County community is proud to host a yearly reunion of the Midwest Old Thresher's Association. This five-day event has annual attendance that often exceeds 100,000 people. HCHC-EMS provides first aid and ambulance services to this event. This summer, Mount Pleasant will serve as an overnight host community for RAGBRAI XXXVII. This will be the fifth time Mount Pleasant has served as an overnight host community, tied for the most of any overnight stop in Iowa. HCHC-EMS staff will take the lead in providing medical coverage for the riders while they are in town.

With its years of service to the people of Henry County and Southeast Iowa, HCHC-EMS continues to carry on the proud tradition in the delivery of quality health-care to the residents of Henry County. The dedication of its staff and the commitment of the hospital administration to quality prehospital care are reflected every day in the customer satisfaction scores received. In a recent beta test of a national EMS customer satisfaction survey, HCHC-EMS scored higher than any other service tested nationwide. HCHC-EMS continues to support quality prehospital care in Henry County and in Iowa as a whole. ■

NAAC Announces *New Certification*

COURSES NOW AVAILABLE!

When talking with ambulance managers, have you ever heard these questions?

- "Where can I get a new biller trained?"
- "There have been so many changes in the rules this year, how can I be assured that my billers are familiar with all of the current rules and regulations?"
- "What should I look for when it's time to hire a new biller?"

Have you also wondered how many ambulance billers and coders have had the opportunity to have formalized basic coding and billing training or updated training on new compliance issues?

- Historically, most ambulance billers have developed their skills through on-the-job training.
- Unfortunately, because this training is often internal and single-departmental only, mistakes and misinformation are often handed down over the years from one biller to another.
- There has been no industry-wide source for reliable, timely education that assures ambulance coders and billers consistent ongoing compliance with ever-changing, complex rules and regulations affecting ambulance billing.

Recognizing these issues exist, and that ambulance billing and coding is very different than any other medical billing specialty, the National Academy of Ambulance Coding (NAAC)[™] was formed. Through the NAAC[™], ambulance billers and coders receive professional training and become certified within their professional specialty. The Academy offers the nation's only formal credential for ambulance billing professionals: the "Certified Ambulance Coder" (CAC)[™] designation. Visit www.AmbulanceCoding.com for complete information.

Ambulance billers and coders are an integral part of any ambulance agency. "If it wasn't for ambulance billers and coders, there wouldn't be adequate reimbursement to fund the ambulances, EMTs, and paramedics to respond in our communities" said Steve Johnson, Executive Director of the Academy. The NAAC[™] recognizes the importance of billers and coders, and has taken the initiative to assist in raising the level of the profession.

Ambulance and Billing Managers

Ambulance service or billing managers are regularly challenged with the task of sifting through the resumes of billing position applicants. They need to know what sets one applicant apart from another. Additionally, once an entry level biller is hired, they need to know how to go about training the newly hired individual to assure their understanding of billing and coding fundamentals.

The NAAC[™] provides a means for the hiring manager to have increased confidence in the basic knowledge and skill set of any applicant that is a "Certified Ambulance Coder[™]". Seeing the credential of "Certified Ambulance Coder[™]" listed on a resume assures that the applicant has taken steps of professional development to achieve this certification and has a basic understanding of ambulance specific billing and coding job duties, terminology and procedures. Obtaining a "CAC[™]" certification demonstrates an individual's high level of knowledge and strong commitment to compliance and excellence within the ambulance billing profession.

Individual Billers and Coders

Billing specialists realize that there has never been a formalized way to recognize their profession. They also realize that there has been no centralized entity to promote the billing and coding profession, as well as provide credentialing of such specialized tasks. The Certified Ambulance Coder (CAC)[™] certification, offered by the NAAC[™], is designed primarily for "front line" ambulance billing office staff members – those who enter claims and are tasked with the actual ambulance claim process. This includes the review of patient care reports; the selection of procedure codes, diagnosis or condition codes, and modifiers; the filing of the ambulance claims; and the payment, follow-up and review processes.

Certification

The initial training requirement to obtain the CAC[™] certification consists of approximately 30 hours of mandatory training, which is offered entirely online, exclusively by NAAC[™] in five courses, divided into a total of 23 individual lessons. This comprehensive initial training covers core knowledge topics of ambulance billing, including basic anatomy, physiology and terminology; proper interpretation of dispatch and patient care documentation; proper

Continued on page 13



Corporate Profile

PAGE, WOLFBERG & WIRTH, LLC – THEY KNOW EMS FROM THE INSIDE OUT!



The National EMS Industry Law Firm™

The attorneys at Page, Wolfberg & Wirth (PW) have years of hands-on experience as EMS field providers, managers and administrators, plus unparalleled expertise in a full range of legal matters affecting the ambulance industry. Their mission is simple: to provide the highest quality legal services and expertise to support EMS, ambulance, medical transportation and public safety organizations nationwide.

PW's clients include ambulance services, EMS organizations, medical transportation companies, air medical providers, fire departments, municipalities, billing companies, software developers, trade associations, dispatch agencies and other organizations involved in EMS and public safety throughout the United States.

In Iowa, PW may be best known as a corporate sponsor of IEMSA and the presenter at the Spring Billing and Management conference that is sponsored by IEMSA and held, annually, at various locations throughout the State. They are also known as the go-to organization for up-to-the-minute information about billing, coding and compliance issues that affect how ambulance services do business and get paid.

Two important aspects of PW's commitment to provide advice and training related to the legal and reimbursement aspects of the EMS Industry are its ABC3 Conferences and its newly established "National Academy of Ambulance Coding."

ABC3 is a national billing, coding and compliance conference produced exclusively for ambulance services, EMS organizations, ambulance billing companies and others with an interest in ambulance reimbursement and compliance issues. ABC3 has become the premiere ambulance reimbursement event in the United States, attended by several thousand ambulance billing professionals from around the country. PW's ABC3 conference has been described as "the single most important conference to attend if you have anything to do with ambulance billing."

The "Certified Ambulance Coder" (CAC) credential was developed through the newly-formed National Academy of Ambulance Coding (NAAC). The PW staff serve as consultants to NAAC to develop and provide the educational content for the CAC program. Their goal is to help EMS organizations understand and comply with their legal obligations so they can focus on providing the best patient care possible. More information about NAAC is available at www.Ambulance-Coding.com or by contacting Steve Johnson, Executive Director at 877-765-NAAC or s.johnson@AmbulanceCoding.com.

But PW's dedication to the EMS industry does not stop with its commitment to ambulance billing, coding and compliance issues.

Legal Services

PW is a full-service EMS law firm. The attorneys on staff represent clients in matters

including Medicare and Medicaid billing, private "payor" reimbursement, health care compliance, labor and employment law, non-profit corporate and tax exempt law, response area and competition issues, litigation and a wide range of other EMS law issues.

Consulting Services

In addition to its traditional legal services, PW provides a full spectrum of consulting services to ambulance services, EMS systems, billing companies and other EMS industry organizations nationwide geared toward improving reimbursement, efficiency and compliance. The full-time consulting staff can be counted on to provide valuable assistance with strategic planning, RFP development, system assessment, operational assessment, and more.

Speaker Bureau

The attorneys and consultants of Page, Wolfberg & Wirth are some of the most sought-after speakers, educators and presenters at EMS conferences, seminars and events nationwide. By blending humor with an important message, they deliver presentations that are consistently well received and among the highest-rated at EMS events throughout the United States. Their presentations address the topics that EMS professionals care about most – today and tomorrow.

EMS Resources

PW provides a full range of EMS law publications including books, manuals, compliance guides, video programs and audio recordings on important EMS law

Continued on page 14

ambulance claim coding and submission; specific payor issues; proper management of the follow-up process; and compliance issues including Fraud & Abuse and HIPAA. Following each course is a quiz which will take an estimated 20 minutes to complete. Following completion of this online program is a comprehensive Final Exam, made up of approximately 50 questions, which will take an estimated one to two hours to complete. Upon achieving a passing score of 70% on the Final Exam, the CAC™ certification is awarded. The certification period is one year.

Recertification

In order to assure the Certified Ambulance Coder (CAC)™ and their employer of continued current knowledge of industry changes and evolution, ongoing Continuing Education Units (CEUs) are required to maintain the CAC™ certification. A total of 12 CEUs are required on an annual basis including four hours of mandatory "Industry Update" training as approved by the NAAC.

Continuing education may be obtained through participation in a variety of NAAC™-approved conferences held throughout the country, and extensive online course offerings that can be completed at the convenience of the CAC™.

Approval of Your Training & Educational Programs

Any sponsor or provider of ambulance-related billing, coding or compliance educational programs may apply to the National Academy of Ambulance Coding (NAAC)™ for approval of their training and educational programs for NAAC™ CEUs. These courses will be recognized by ambulance billing and coding professionals as meeting this important recertification requirement for their continuing education. They will also be included on the NAAC™ website, with a link to your registration site if provided, and marketed to a nationwide audience of ambulance billing and coding professionals who are seeking programs offering NAAC™ CEUs.

NAAC™ Infrastructure

The mission of the NAAC™ is guided by a National Advisory Council, comprised of ambulance industry billing, coding and compliance professionals with a wide range of experience and expertise. Standing and ad-hoc committees, such as a Standards Committee and Professional Education Committee, also serve the Academy and its Advisory Council.

In addition, members of the nationally recognized EMS law firm Page, Wolfberg and Wirth serve as the reimbursement and legal consultants for the Academy and have assisted in the development of all of the educational content for the Certified Ambulance Coder™ certification program.

Steve Wirth, a nationally respected attorney and member of Page, Wolfberg & Wirth, states, "Ambulance billers now have the opportunity to be 'certified' and be a member of a professional peer group that understands the important work of ambulance billing." Wirth's partner, Doug Wolfberg, adds, "Ambulance managers and billing managers seeking to hire highly skilled ambulance billing professionals can rely on the credential of 'Certified Ambulance Coder™' as a key indicator of knowledge and commitment to legal and ethical compliance and excellence in this important profession."

Summary

The initiation of the NAAC™ is a bold step forward in recognizing the specialized profession of ambulance service billing and coding. It's an exciting time for the ambulance billing and coding professionals who are the backbone of any ambulance agency. The profession has risen to a new level with NAAC™. Information regarding the Academy, its objectives and the organization's infrastructure can be found on the website www.AmbulanceCoding.com. ■

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topics, such as billing, compliance, personnel management and more through its On-Line Store. Every PWW publication and program is written and produced in a clear, no-nonsense and straightforward manner. Their publications are all specific to EMS and the ambulance industry, and have been relied upon by thousands of organizations across the United States. PWW's newest publication – The Red Flag Rules Survival Kit for Ambulance Services – is a step-by-step manual that will guide ambulance services through the compliance process from conducting a risk assessment to administering the Identity Theft Prevention Program. (All IEMSA members receive a discount on this product – contact the Association for details.)

PWW's EMS Law Library is one of the web's most comprehensive sources for free EMS law information. This library includes a multitude of information on many of the most critical subject areas facing the nation's EMS, ambulance and medical transportation providers.

PWW's Links page offers an extensive collection of links to public and private sources of information on government agencies affecting EMS and other companies providing valuable services to the ambulance industry. Ambulance billing and software companies and federal agencies (to name a few) can be found there.

Whether expert training, simple advice, or complex legal representation is needed, it all can be found at www.pwwemslaw.com. Visit Page, Wolfberg & Wirth's website to learn how they can assist your EMS organization in protecting your interests, improving your bottom line with integrity or assessing and improving your compliance with applicable laws. ■

Watch for upcoming PWW Events – ABC3 Las Vegas, ABC3 Kansas City, ABC3 Ft. Lauderdale, ABC3 Hershey, CAC Enrollment, Webinar Series.

**MEMBERSHIP
ANNOUNCEMENT**

**Please Update Your
Email Address**

Since email addresses are so easy to establish and change, we know it's likely that yours could be out of date with IEMSA's database. Please send any email address updates to administration@iemsa.net to ensure that you are receiving IEMSA eNews, as well as other notices regarding special events or calls to action.

THANK YOU

for the work you do every day!

EMS Week 2009



Mercy Medical Center would like to thank all EMS providers for the work they do every day. We are proud to partner with you to provide pre-hospital Stroke Alert and Level One Heart Attack Protocols for our patients.

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