



Stuart Rescue—Volunteer EMS Service of the Year

www.IEMSA.net

- 3** Events *
- 4** Election Results *
- 5** 2011 Conference Report *
- 6-7** 2011 Conference Awards *
- 8** President's Letter *
- 9** Raffle Winner *
- 10** Dumermuth honored *
- 11** Corporate Profile *

- 12-14** Continuing Ed *
- 16** Legislative Report *
- 18** Bureau News *
- 19** Group Purchasing *
- 20** NAEMT Update *
- 21** Education Profile *
- 22-23** Affiliate Spotlight *



*Foster Coach Sales New Building



*Rock River Auto Body - (top) Structure and (bottom) Paint Booth

"GROWING TO BETTER SERVE YOU"

Steve Foster, President of Foster Coach Sales, Inc. of Sterling, Illinois, is proud to announce the construction of two new facilities for Rock River Auto Body, Inc. and Foster Coach Sales, Inc. Both new buildings and business operations are situated on about 2.5 acres, approximately one half mile west of the present Foster Coach facility in Sterling's Meadowlands Business Park.

Owned by Steve Foster, Rock River Auto Body, Inc. opened its new facility in mid-December 2010. The 8,000 square foot body shop features a 45 foot long down draft paint/spray/bake booth. The air make up unit can take the room temperature from 70 to 140 degrees in one minute and a half. In addition, the shop has in floor heat and air conditioning for climate control.

"The booth is the largest and most modern booth in a 45 mile radius," remarked

Steve Foster, owner of Rock River Auto Body, Inc. and President of Foster Coach Sales, Inc. "This is truly a state of the art facility, which should give our technicians a chance to expand an already growing and successful business."

Foster Coach Sales, Inc. moved from its old facilities April 15. Despite a down economy, Foster Coach Sales, Inc. has experienced continued growth at 10 percent in each of the last two years. Therefore, we've decided to build a new facility in conjunction with the body shop which is located across a shared parking lot. Total work and storage area will be 16,000 square feet, while offices will comprise another 2,300 square feet.

The new building will be home to our new in house graphics department for lettering. Shawn Foster, Steve's middle son, is in charge of graphics. He also does

custom design work for logos and designs to department specifications, as well as installing chevrons on the back of units.

While the timing seems bad to expand, it makes sense for us to move out of retrofit facilities that we have simply outgrown. We've been in our current building since 1982. It was originally a grocery store and was never meant to be a specialty vehicle service facility.

"Our continued growth dictated we do something. It is a commitment to our customers that drives us to bigger and better things," said Foster. "The customer support and loyalty of our employees has been phenomenal over the years. We are poised to move forward with the third generation of a family business: Growing To Better Serve You."



MEDTEC

REASONS TO BUY A MEDTEC FROM FOSTER COACH SALES

- SERVICE** - Loaner vehicles available at no charge for vehicles we sold - 24 / 7 phone service.
- RENTALS** - Rental Vehicles available at a reasonable rate. •**REMOUNTS** - Quality remount facility with total customer satisfaction guaranteed - Loaner vehicle will be provided during the remount.
- PARTS** - Large parts inventory in stock for quick delivery of essential parts - Over \$100,000 in inventory. •**LONGEVITY** - Oldest dealer in the Midwest providing continuous sales and service since 1957. •**QUALITY** - Lifetime body & electrical warranty. •**DEPENDABILITY** - Lifetime electrical warranty; circuit boards, relays and breakers are included. •**CUSTOM BUILT** - Can custom build a unit to meet your requirements at a reasonable cost. •**FLEXIBILITY** - Big enough to serve you, small enough to respond to your needs. •**FINANCIALLY SOUND** - In business since 1974 Owned by Oshkosh Truck.

EMAIL
KEVIN@FOSTERCOACH.COM

CALL
TOLL FREE 800/369/4216
KEVIN KLOCKE 815/499/2366

WEB
FOSTERCOACH.COM
MEDTECAMBULANCE.COM

VOICE



Vol. 2011-04, October—December 2011

The Voice Newsletter is published quarterly by:
IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION
8515 Douglas Avenue, Suite 27B * Urbandale, IA 50322

2012

IEMSA Board Meetings

January 25, 2012

Des Moines Marriott, 6-8 p.m.

The remainder of the 2012 schedule will be
posted on the website as soon as approved by
the Board.

UPCOMING 2012 EVENTS

Another successful conference is over, but we are busy planning for 2012. Please save these dates on your calendars

- + IEMSA SE Iowa EMS Saturday January 14, Muscatine | [Brochure](#)
- + EMS Day on the Hill-Leadership Conference January 26, Des Moines
- + IEMSA SC Iowa EMS Saturday March 3, Des Moines
- + EMS Cruise March 4-11, Western Caribbean
- + Ambulance Billing & Management Conference May 3, Sioux City
- + EMS Memorial May 19, West Des Moines
- + Leadership Academy Details to be announced
- 23rd Annual Conference & Tradeshow November 8-10, Des Moines - Vets Auditorium

EMS Cruise 2012

EMS Cruisers!!! It's coming!!! Our third Iowa EMS Cruise sets sail March 4-11, 2012 from Port Canaveral, Florida for a seven day adventure to the beautiful Western Caribbean on the extravagant Royal Caribbean's Freedom of the Seas! Your ship includes many fantastic features including full size flat screen TVs in every stateroom, Chefmakers Cooking Academy, rock climbing wall, ice skating rink, many beautiful restaurants and shops, Ben & Jerry's Ice cream, movie theatre, and much, much more! Join your Iowa EMS Cruise representatives Tom & Tracey Summitt and Rod & Margaret Robinson as our journey's ports of call include Labadee Haiti, an exclusive to Royal Caribbean cruisers that features beautiful mountain slopes, pristine beaches, breathtaking scenery, and spectacular water activities, including the amazing new Aqua Park for kids. The next day it's off to Falmouth, Jamaica, a great spot to enjoy a river bamboo raft ride, shopping, or some exquisite 19th century Georgian architecture, or visit Montego Bay and the beautiful beaches of Negril! On Thursday get ready to head to the Grand Cayman, known for it's sea creatures, turtles, Seven-Mile Beach, the town of Hell, and enjoying the undersea world. Then Cozumel, Mexico tops off your cruise with another stellar itinerary of world-class snorkeling, shopping, or take a Jeep-safari adventure through the tropical landscape of Cozumel's east side, or learn how to prepare a Mexican feast. Or just escape to the secluded beauty of your own private beach paradise, Passion Island!! Much more fun and relaxation awaits you and your family on this once in a lifetime adventure. Please join us, you'll be glad you did!!



Board, Officer Elections

The deadline for submission of annual nominations for At-Large and Regional IEMSA Board of Directors seats expiring December, 2011 was on Sept. 14, 2011. Nominees for Board positions are required to be active members of the Iowa EMS Association.

The following Board members ran unopposed, and will serve another two-year term beginning January, 2012. They include:

Dave Mallinger, NC Region
Curtis Hopper, NE Region
Lee Ridge, NE Region
John Jorgensen, NW Region
Katy Hill, SC Region
Bob Libby, SE Region, and
Rod Robinson, SW Region

Please congratulate these individuals on their re-election to the Board of Directors, as we look forward to working together in the future.

At the regular meeting of the IEMSA Board of Directors Dec. 15, 2012, held at the Ankeny Fire Station, election of officers for the positions of Vice President and Treasurer was held.

Brandon Smith was elected Treasurer and Linda Frederiksen was elected Vice-President. Both will begin their second terms in those offices in January.

Angie Capps, South Central Board representative, resigned her position due to increased job responsibilities with the IDN. The remaining year of her 2 year term will be filled by Jeff Dumermuth. Welcome back, Jeff!

Kevin Frech, Southwest Region, submitted his resignation due to being scheduled to leave soon for Iraq for a year on medical duty. When his position is filled, we will announce his replacement in the e-News.



PCC
FIRE & EMERGENCY SERVICES

**YOU ARE THERE FOR OTHERS
PCC IS HERE FOR YOU**

No matter what time of day or night, our emergency services are available. We have the staff and resources you need for any emergency. PCC is dedicated to providing the highest quality of service to our community. For more information, call 515-281-1111 or visit us online at PCCFORME.COM

PCCFORME.COM

2011 Conference Report

This year marked the 22nd Annual Iowa EMS Conference and Trade Show and I must say everyone seemed pleased. We had a total of 1076 registrations and we thank each of them for your support to IEMSA. Registrations were down slightly from the past. Historically we see approx 1200 registrations but the decrease in numbers is something we are seeing on a national level with budget cuts and fiscal concerns.

Overall participant comments we have heard



so far have been very positive. If you attended the conference please remember to go to the IEMSA website and complete your survey. We value your input as we have already begun

to plan for the 2012 Conference.

Just a reminder next years conference will be November 8-10, 2012, and will be at



Vets Auditorium as the Plex will no longer be available.

I must also thank our 63 vendors. They provided everything from clothing to services and supplies for our participants to view and obtain information. This is the largest conference in the state with the greatest number of resources available to all of you through vendor hall



I must take a moment to thank the Conference Committee and all of the conference subcommittees as well as all of the IEMSA Board Members. Everyone worked extremely hard to put this conference together.

This year we offered pre-cons for Instructors, a pediatric track, a Medical Director workshop, Service Director workshop, and a large agriculture track. We again offered the CCP refresher as a precon as well.

We were blessed to have a great deal of local, regional, and National level Speakers this year many of whom donated their time to teach. To all of them IEMSA says thank you. We couldn't do this large of a conference without their support. National speakers traveled from Chicago, Florida, and Utah just to name a few.

Our sponsors also are the folks that make this conference possible. We had all the sponsors listed below step up and sponsor a portion of the conference because they believe that everything all of you do is a valuable asset to your communities. To all of Our Sponsors we say Thank you Thank you Thank you!

Best regards until I see you next year

John Hill

IEMSA Past President
Conference Chair

By-Law Changes Approved

The recommended changes to the By-Laws were approved by a vote of the general membership at the Annual Meeting Nov. 9, 2011 in Des Moines. There were several changes that included only formatting, such as numbering or bullets. There was one change that affected the method in which elections can take place for election of officers as follows:

These elections may take place through a secured electronic means and shall be completed before the next regular meeting of the Board. The electronic balloting must be kept for recount if necessary and be destroyed after motion at next regular meeting of the Board

The complete By-Laws can be viewed on our website at <http://www.iemsa.net/pdfs/bylaws.pdf>



2011

IEMSA

Board of Directors

President

Jerry Ewers

Vice President

Linda Frederiksen

Secretary

Thomas Summitt

Treasurer

Brandon Smith

Immediate Past President

John Hill

Northwest Region

Terry Stecker, John Jorgensen, John Hill

Southwest Region

Rod Robinson, Jan Beach-Sickels, Kevin Frech

North Central Region

Thomas Craighton, David Mallinger, Russ Piehl

South Central Region

James Sargent, Katy Hill, Angie Capps

Northeast Region

Curtis Hopper, Lee Ridge, Rick Morgan

Southeast Region

Thomas Summitt, Bob Libby, Linda Frederiksen

At-Large

Jerry Ewers, Brad Buck, Brandon Smith

Education

Cheryl Blazek, Kristi Brockway

Medical Director

Dr. Forslund

Lobbyist

Michael Triplett



2011 Awards

Congratulations to all of the
2011 IEMSA Award recipients! Those
award recipients were:

Lonnie Ondracek, Volunteer Individual
EMS Provider;

Roger Wernimont, Career Individual
EMS Provider;

Lori Connell, Dispatcher;

Tom Hendricks, Friend of EMS;

Sandy Neyen, Instructor Part-time;

Stuart Rescue, Volunteer EMS Service;

MEDIC EMS, Career EMS Service;

Jeff Dumermuth, Hall of Fame;

Dave Tice, Hall of Fame;

Randy Bever, Hall of Fame (posthumous)

These fine services and individuals have demonstrated a high quality level of service to their patients, communities, and students that they serve in their areas, and were very deserving of these honors. The individual award recipients will receive a grant to attend the 2012 Stars of Life Conference in Washington D.C. While there, they will have the opportunity to meet with our Legislators on Capitol Hill, tour the White House, and possibly meet President Obama. The awards committee would like to say, "thank you" to those of you who submitted nominations this year. As always, choosing the award recipients was no easy task. Unfortunately we were able to choose only one recipient even though we had many qualified nominations. This year we held a drawing of the nominators and awarded a paid two day conference registration to Bridget Edson. If you submitted a nomination and your nominee was not chosen, please re-submit nomination papers for that individual or service for the 2012 IEMSA Annual Awards and maybe your name will be chosen next year.

Check our website
for past year's recipients and more
information about
the honorees.

Awards Committee:
Brandon Smith, Chair
Thomas Summitt, Co-chair
Kristi Brockway
Thomas Craighton
Rod Robinson



Stuart Rescue pictured on front cover of this publication.



A Message from the President

Jerry Ewers, Fire Chief

IEMSA President
Board of Directors

Thank you for the opportunity to serve you, the members of IEMSA and sponsors, as your President this past year. Fulfilling the role of President has indeed been a challenging as well as rewarding responsibility, giving me a greater appreciation and respect for those Past Presidents who led our organization before me. Without the dedicated and talented staff, Executive Board, and IEMSA Board Members it would have been overwhelming to say the least. I would like to personally thank all the board members and staff that volunteer and devote their personal time to this outstanding organization. I would also like to thank the City of Muscatine for supporting me in this position, which involves attending many meetings to represent IEMSA, in addition to teleconferences, interaction with members and sponsors, lobbying in Des Moines and working with our lobbyist, attending IEMSA sponsored events throughout the year, and traveling around the state.

I'm confident that 2011 was a great success and financially, even during the economic downturn, IEMSA should be in the black for the first time in many years. This would not have occurred without the hard work and determination of the board and committee chairs.

2011 Overview:

EMS Day on the Hill & Leadership Conference
IEMSA SE Iowa EMS Saturday Conference
EMS Cruise
EMS Memorial
Ambulance Billing & Management Conference
22nd Annual EMS Conference & Trade Show

What's New:

As an organization we have spent a great deal of time on strategic planning in the past several years and in 2012 we plan on expanding our planning by seeking additional input from members on how we are doing as an organization, where we can improve, what else should we be offering our members, and analyzing the results to see if we are meeting your needs and expectations. More information and details of the survey process will be announced in E-News in the near future.

IEMSA also plans on working with IDPH in offering an annual one day conference geared towards pediatric training. The goal would be to provide this training annually like the other programs and rotate the location around the state to minimize travel for members. Again, more information on this collaboration effort to provide pediatric training sessions will be announced in E-News and on the web.

Also, IEMSA is working towards scheduling the Leadership Academy for 2012. This is a great opportunity for leaders, future leaders, or individuals seeking a management or leadership level program. This is a program where you can learn, network with peers, share best practices, and a great forum to discuss and address EMS issues. This program will be offered every other year.

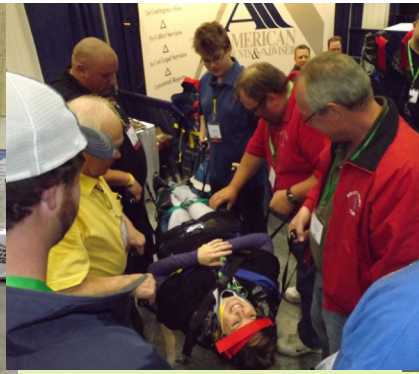
I would like to personally invite you to attend the upcoming EMS Day on the Hill and Leadership Conference on January 26th, 2012 in Des Moines. I hope to see you there.

As I've stated in past letters, I personally welcome your input and guidance during my tenure as your President. Please share with me, and our Board Members, what we are doing well and what we need improvement on. We can't fix it if we aren't aware of it. Remember, this is YOUR organization; we are here to support and serve you.

On behalf of the entire Board of Directors we would like to thank all of you for your continued support and commitment to YOUR IEMSA organization. Have a safe and joyful holiday season.

Please check out IEMSA's website for upcoming programs, conferences, and events for 2012.

"I would like to personally invite you to attend the upcoming EMS Day on the Hill and Leadership Conference on January 26th, 2012 in Des Moines. I hope to see you there."



RAFFLE WINNER

Congratulations to Teresa Diercks of Denver, Iowa, who won the iPad2 raffle at the Annual Conference! Thank you to everyone who donated to IEMSA through your purchase of a chance to win a new iPad2. You may see some regional IEMSA raffles throughout 2012 and another big raffle at the 2012 Conference!



The Johnny Holmes band was the main entertainment attraction again at the annual conference. Entertainment was held at the Plex, which was a change from previous years.



Thank you to all of our sponsors and vendors who participated in the 2011 Annual Tradeshow and Conference!



**Your dreams start out small...
and lead you to Wheaton Franciscan Healthcare.**
Fulfill your dreams and be part of something "Great!"

We offer competitive wages and benefits plus:

- Opportunity to work for a progressive Critical Care Transport and 911 Service Provider
- Hospital based ambulances provide opportunities to enhance skill levels
- Educational opportunities



**Wheaton
Franciscan
Healthcare**

Visit www.WheatonIowa.org/employment to learn about current job opportunities and to apply on-line.

EOE/Drug Screen Required



**Find us on
Facebook**

Covenant Medical Center Mercy Hospital (Oelwein) Sartori Memorial Hospital

Dumermuth Receives National Award

Last month, Jeff Dumermuth was the recipient of the IEMSA Hall of Fame Award. Jeff has been involved in EMS for almost 30 years in roles ranging



from being a volunteer EMT to Chief of Department. He has played an active role in IEMSA for many years and he is a past president for IEMSA, has been involved

with the NAEMT, and was once recognized as an NAEMT administrator of the year. He plays an active role for EMS in central Iowa as a part of the Central Iowa EMS Directors Association, and he also sits on the EMSAC committee. Jeff is also known to volunteer his time for a free medical clinic in Des Moines.

Earlier this year, Jeff was recognized at the JEMS EMS Today Conference in Baltimore where he was a recipient of the EMS 10 award for being a top innovator in EMS. The state of Iowa, the citizens of West Des Moines, and IEMSA should feel honored that “one of our own” received this prestigious national award.

Jeff was the recipient because helped create a unique partnership between West Des Moines EMS and Iowa Health systems to improve upon overall healthcare in central Iowa. This venture combined private hospital interests with a government EMS system to form a partnership that could be the only one of its kind. Jeff saw an opportunity to help Iowa Health Des Moines with starting an ambulance service.

He was able to provide the expertise with operating a high quality EMS service, which is something the hospitals were not familiar with.

He was able to provide highly trained medics, regular EMS training, billing, and high quality management. He could also assure the hospital that what they would receive would meet the highest standards as West Des Moines EMS is one of only a few CASS accredited agencies in Iowa. And the Iowa EMS Alliance was born. He is credited with having this vision, and creating the partnership, but he is quick to say he is only “the face of this project” and gives credit to all the people who helped make the vision a reality.

In today’s difficult times, this outside the box thinking saved the city of West Des Moines over \$200,000 in the first year. Both the city and Iowa Health Systems are responsible for operation costs, but they share the administration costs. This is what makes the public/private partnership a benefit to the taxpayers.

Happy Holidays

Thank you for your commitment!
Your help ensures the gift of tissue and
eye donation is available to all Iowans.



DONOR NETWORK

24 Hour Referral Line
1-800-831-4131
Refer any patient,
any age, any time

To schedule continuing
education, contact Leslie
Bohlen (lbohlen@iadn.org)



PCC An Ambulance Billing Service

PCC is one of the leading medical billing businesses in the region dedicated to specializing in Ambulance Services. Established in Fort Dodge, Iowa in 1999, PCC is dedicated to providing the highest quality revenue management services to city owned, county owned & private ambulance services. For over 12 years, through vast experience and knowledge of state & federal guidelines, PCC has successfully improved overall billing practices while maximizing revenue for over 150 ambulance services.

Michele Smith, CHBME, began working in the Health Care Industry in the late 1990s. Smith went on to found PCC, an Ambulance Billing Service. Today PCC is one of the largest Ambulance Billing Services in the region. Smith is a Certified HealthCare Billing & Management Executive (CHBME) and presently sits on the Provider Outreach and Advisory Group (POE) for Noridian Administrative Services.

As PCC's reputation has grown due to quality performance and improved revenue streams for ambulance services, PCC's client base has grown too. Seasoned billing staff has been recruited by adding individuals with industry specific background to accommodate the ambulance industry's need for an effective billing company. In 2003 PCC's Iowa based office was moved to West Bend and an office was added in South Dakota as business rapidly expanded to South Dakota & North Dakota. Today

PCC provides billing services to 5 states in the Midwest. Even with rapid expansion, PCC remains strengthened by its commitment to maintaining personal touch customer satisfaction and dedication to compliance.

PCC's Compliance Department led by Certified Coding Staff (CHBME, CPC, CAC) is dedicated to meet or exceed all State & Federal claim filing regulations, as well as maintaining Compliance with HIPAA Privacy & Security regulations for Third Party Billing Services. Our specific focus is shining a light on

"As PCC's reputation has grown due to quality performance and improved revenue streams for ambulance services, PCC's client base has grown too."

the OIG Guidance for Ambulance Suppliers to inform of Regulations set forth by Federal Health Care Programs while preventing Fraud & Abuse. Maintaining a good compliance program that constantly evolves as regulations change is a requirement for today's ambulance service. Ambulances can rely on PCC's Compliance Department to ensure billing service meets the most recent regulations.

Working in the EMS specialty,

PCC places a high regard on providing education to EMS volunteers, crewmembers and billing staff regarding the ever changing rules and regulations affecting ambulance service revenue. PCC outlines "industry best" documentation & billing practices while providing up to date rules & regulation changes that will improve ambulance service's bottom line. PCC is actively involved in state, local and national associations such as: IEMSA (Iowa EMS Association), SDEMTA (South Dakota EMT Association), AAA (American Ambulance Association), HBMA (Healthcare Billing Management Association), AHIMA (American Health Information Management Association).

Looking toward the future, regulations have changed the playing field for EMS billing practices. It has become increasingly evident that simply sending a claim into insurance and getting paid isn't the only concern anymore. Keeping your money is vitally important. The only way to ensure maximum reimbursement is not only to know *"how"* to submit claims to insurance, but *"why"* you must follow each insurance company's regulations and *"where"* to find these regulations when they do change. For more information on how you can maximize your revenue log on to www.pccforme.com

Seizures: The Brain’s Electrical Storm

Seizure Management for EMS Providers

By Tom McCarrier, BS, NREMT-B and Anne Faulks, RN

An estimated three million Americans of all ages have seizures caused by epilepsy. Many more have seizures caused by trauma or acute or chronic illness. About one in 10 Americans will have a seizure during their lifetime. At some point in your EMS career, you will encounter someone having a seizure if you have not already.

A seizure is a sudden, brief disruption of the normal function of in the brain which causes some nerve cells to fire erratically and spread to other nerve cells. This surge of electrical activity can involve part or all of the brain, last from seconds to a few minutes and include a variety of outward signs.

There are over 20 types of seizures and a person may have more than one type. How it presents depends on the size of the brain

area affected and its function. Seizures are classified as generalized and partial.

EMS is most likely to respond to: generalized tonic-clonic (GTC) and complex partial seizures. In generalized seizures, the electrical disruption involves the entire brain. This results in a loss of consciousness and the “tonic” phase where the limbs stiffen and breathing may stop temporarily (skin, nails and lips become cyanotic). This is followed by the “clonic” phase - rhythmic shaking of the body and limbs (convulsions). Muscles relax as the clonic phase subsides and there may be a loss of bladder and bowel control. The actual seizure usually lasts from one to three minutes followed by a period of confusion and sleepiness (the postictal period).

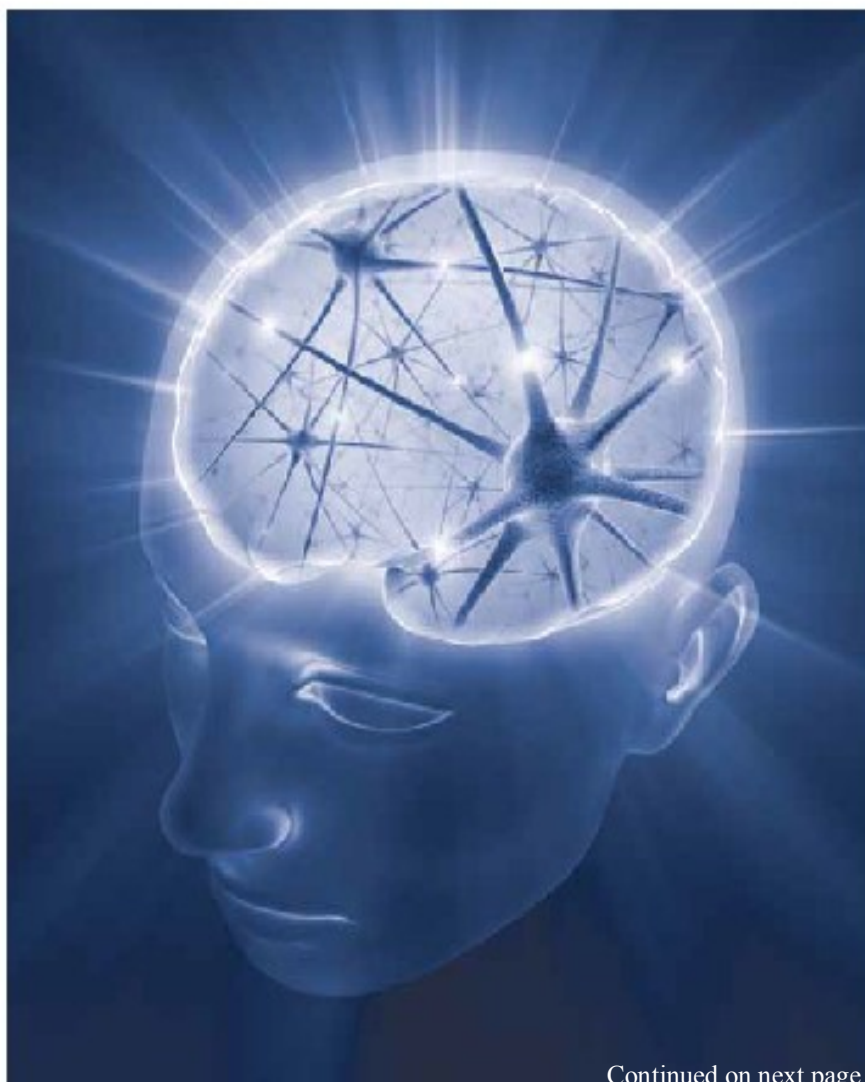
SEIZURE CAUSES:

- High fever, especially in infants
- Drug use, alcohol withdrawal
- Near-drowning
- Oxygen deprivation
- Metabolic disturbances
- Head trauma
- Brain tumor, infection, stroke
- Complication of diabetes
- Complication of pregnancy

IN SIMPLE PARTIAL SEIZURES, the electrical disturbance involves a limited area of the brain, and does not cause a change in awareness. The person remains conscious, is oriented and will respond verbally. Symptoms last less than one minute and may include motor changes (shaking of one arm or leg), sensory symptoms (distortion of vision, hearing, smells) or emotional reactions (fear or anxiety, sense of déjà vu). When a simple partial seizure precedes a generalized seizure it is called an aura.

CAUSES OF EPILEPSY:

- Stroke
- Brain tumor
- Brain infection
- Past head injury
- Metabolic problems
- Neurological conditions
- Congenital neurological syndromes
- Genetic factors
- No apparent cause



Continued on next page



**Wishing you and your family
a safe and happy holiday season.**

Thank you for all you do for your communities!
IEMSA Board of Directors

IEMSA CONTINUING EDUCATION | “Seizures” (cont.)

COMPLEX PARTIAL SEIZURES

are characterized by altered awareness. Although the person remains conscious, they are confused and are unable to respond. Symptoms may include: a blank stare and inability to answer questions, smacking lips, chewing, excessive blinking, mumbling and wandering. One hallmark of complex partial seizures is repetitive, purposeless movements (such as picking at clothes, wringing hands, or fumbling with an object). Occasionally there are emotional outbursts.

A common cause of seizures is epilepsy – a chronic neurological disorder characterized by recurring seizures related to an acute injury or illness. Epilepsy is not contagious, is not a mental illness or a cognitive disability. The neurological dysfunction seen in epilepsy can begin at any age. Epilepsy may occur with developmental disabilities, cerebral palsy, cognitive impairments, ADD/ADHD or autism, but the majority of people who have epilepsy do not have other impairments and live very normal lives.

Medications have traditionally been the most effective treatment for seizures. Other options that may be considered are resective surgery or a specialized food regimen known as the ketogenic diet. A medical device which can reduce seizure frequency and severity in some people is known as a vagal nerve stimulator (www.vnstherapy.com). Implanted in the anterior chest, it sends mild electrical pulses to the brain and can also be triggered by an external magnet at the time of seizure onset.

PRE-HOSPITAL TREATMENT: GTC

Assure scene safety. Protect the head and limbs of the convulsing patient. If trauma is not suspected, place the patient in the recovery position so secretions can drain. Monitor ABC's, maintain airway, suction as necessary, provide oxygen and monitor cardio-respiratory status. Assess for injuries and return of consciousness. Reorient the patient to surroundings. Obtain medical history and contact information.

Never forcibly restrain a seizure patient, as this can cause muscle tears and fractures. If authorized, test for glucose levels 5 to 20 minutes after convulsions stop (extreme muscle activity releases glucagon, producing incorrect readings) and treat per local protocol. Interview witnesses for patient identification, emergency contacts, prior medical history and event description/duration. Some epilepsy patients at-risk for lengthy

ANTI-EPILEPTIC MEDICATIONS:

- Depakote (Valproic acid)
- Dilantin (phenytoin)
- Felbatol (felbamate)
- Gabatril (tiagabine)
- Keppra (levetiracetam)
- Lamictal (lamotrigine)
- Lyrica (pregabalin)
- Neurontin (gabapentin)
- phenobarbital
- Tegretol (carbamazepine)
- Topamax (topiramate)
- Trileptal (oxcarbazepine)
- Zonegram (zonisamide)
- Tegretol (carbamazepine)
- Topamax (topiramate)
- Trileptal (oxcarbazepine)

seizures may have been given Diastat (rectal diazepam) by family or caregivers who are authorized to do so in a seizure emergency. It is important to ascertain if any medication was given to the patient prior to your arrival. (For more on Diastat, see www.diastat.com)

After a GTC, known epilepsy patients may not need transport if they have sufficiently recovered and can be released to a responsible adult or request not to

be transported. ALS should be called, or patient rapidly transported for a first-time seizure, traumatic injury, seizure occurring in water, patient is elderly, diabetic, pregnant or has other medical conditions. Convulsions lasting longer than 5 minutes or occurring in a series require ALS intervention with administration of medications (benzodiazepines), support of ventilation and rapid transport to the ER.

PRE-HOSPITAL TREATMENT: COMPLEX PARTIAL SEIZURE

Complex partial seizures are often mistaken for drunkenness, drug use, mental illness, stroke or low blood glucose. In a person who was previously behaving normally, sudden onset of symptoms could indicate a seizure. Approach cautiously, speak calmly, guide the person away from hazards, but do not restrain. Minimize physical contact to avoid triggering a combative response. Stay with the patient until the seizure subsides and consciousness returns. In the postictal state some patients remain confused for 20-30 minutes. Request ALS, or rapidly transport, if confusion and disorientation last more than 30 minutes, a second seizure begins before full return to consciousness, or the seizure lasts 5 minutes beyond what is typical for that patient. Transport may not be necessary if the patient can be released to a responsible adult or is sufficiently recovered to care for themselves.

MORE INFORMATION

For more information about epilepsy and seizure management please contact the Epilepsy Foundation at www.epilepsyfoundation.com.

ALS EMERGENCY MEDICATIONS:

- Diazepam (Valium) – IV or
- Diastat rectal gel form
- Midazolam (Versed) – IV, IM, buccal
- Lorazepam (Ativan) – IV or IM

Tom McCarrier is a member of the WEMSA Board of Directors and has been active in EMS for over 35 years as an NREMT-Basic and Intermediate, and EMS Instructor. Anne Fawcett, RN is the Community Outreach Director for the Epilepsy Foundation of Central and Northeast Wisconsin and provides instruction in seizure first aid and epilepsy management to a wide variety of audiences including law enforcement and EMS personnel, school nurses and staff, caregivers, and students.

QUIZ | IEMSA CONTINUING EDUCATION

Seizures-The Brain's Electrical Storm ✂

- The two classifications of seizures are:
A. tonic and clonic
B. generalized and partial
C. generalized and convulsive
D. simple partial and complex partial
- The period of confusion and sleepiness following a generalized tonic-clonic seizure is called the:
A. postictal stage.
B. aura.
C. convulsive stage.
D. apneic stage.
- During a simple partial seizure, the patient remains conscious, is oriented, and will respond verbally.
A. True
B. False
- During a complex partial seizure, the patient remains conscious, but is confused and is unable to respond.
A. True
B. False
- Restraining a patient during a seizure could:
A. Cause muscle tears, fractures or dislocations
B. Cause combativeness in a postictal patient.
C. Place the EMS provider in harm's way.
D. All of the above
- If testing a patient's glucose level:
A. Do so immediately, even if the patient is having an active seizure at the time.
B. Wait until 5-20 minutes after convulsions stop for the most correct reading
C. Do so only if the patient is a known diabetic
D. None of the above
- A seizure patient who could be released without transport if:
A. The patient is pregnant, diabetic, or elderly, or the seizure was the first for the patient
B. The seizure occurred after trauma, such as a fall or motor vehicle accident
C. The patient had a seizure similar to those in the patient's history, has recovered, and can be released to a responsible adult
D. The patient's seizure lasted more than five minutes, or was followed by repetitive seizures.
- Seizure activity is often confused with drug use, intoxication, mental illness or stroke.
A. True
B. B. False

IEMSA CONTINUING EDUCATION Answer Form

(Please print legibly)

Name

Address

City

State

Zip

Phone

Email

IEMSA Member Number

EMS Level

IEMSA members completing this informal continuing education activity should complete all questions 1 through 10, and achieve at least an 80% score in order to receive the 1 hour (1CEH) of optional continuing education.

Deadline: Feb. 1, 2012

**Mail completed form via mail, email or fax to:
IEMSA**

**8515 Douglas Ave., Suite 27B
Urbandale, IA 50322**

administration@iemsa.net Fax: 515.225.9080

Check which box is the correct answer

	A	B	C	D
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>		
4	<input type="checkbox"/>	<input type="checkbox"/>		
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>		

LEGISLATIVE UPDATE

H.R. 3144, The Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act Introduced by Representatives Tim Walz (D-MN) and Sue Myrick (R-NC)

BACKGROUND:

The landmark 2006 Institute of Medicine (IOM) Report *Emergency Medical Services: At the Crossroads* identified systemic problems plaguing our nation's emergency medical services (EMS) system. EMS is multi-jurisdictional with federal agency responsibility tasked across numerous federal agencies resulting in federal funding for EMS and trauma care that is fragmented, limited, and all too often is overlooked in favor of other needs. Other systemic problems identified by IOM include: insufficient coordination among EMS providers, disparities in response times, uncertain quality of care, lack of readiness and inadequate federal funding for disaster preparedness, divided professional identify of EMS personnel, and significantly, a limited evidence base of emergency medical interventions. H.R. 3144 would provide a path out of the crossroads and toward the vision outlined by the IOM without adding to the federal deficit. Among IOM's recommendations addressed in H.R. 3144 is the establishment of a primary federal agency for EMS and trauma.

BRIEF SUMMARY OF H.R. 3144

Establishes the Department of Health and Human Services as Primary Federal Agency for EMS and Trauma: H.R. 3144 consolidates and aligns certain EMS and trauma functions within DHHS into an Office of EMS and Trauma to provide strategy, coordination and support for the continuum of EMS including field EMS, trauma and hospital emergency medical care to improve the quality, innovation and cost-effectiveness.

Field EMS Excellence, Quality, Universal Access, Innovation and Preparedness (EQUIP) Agency Grant Program: The \$200 million EQUIP grants for field EMS agencies would promote excellence in field EMS delivery, enhance quality through evidence-based and medically directed care, promote access to field EMS, spur field EMS innovation, improve patient safety, and enhance EMS agency preparedness.

Field EMS System Performance, Integration and Accountability (SPIA) State EMS Grant Program: The \$50 million SPIA grants would improve field EMS system performance, integration, accountability, State and local preparedness; enhance physician medical oversight of field EMS systems and care; enhance regional field EMS systems; improve data collection and promote standardization of certification of EMTs and paramedics.

Field EMS Quality: H.R. 3144 promotes adoption of physician developed guidelines for training, credentialing and medical oversight. It requires several studies including (i) liability issues that may impede high quality care and medical oversight; (ii) gaps in data collection; and (iii) patient data integration across settings. It clarifies HIPAA to allow information flow between field EMS and hospital personnel for quality and practitioner safety.

Field EMS Education Grants: The \$15 million program for EMS educational institutions and professional associations improves the availability, quality and capability of educators, practitioners and medical directors.

Models for Access and Delivery of Field EMS for Patients: Includes an evaluation and demonstration of alternate treatment or dispositions of patients for whom transport to the hospital is not medically necessary.

Enhances Research in Field EMS: Requires research and evaluation relating to field EMS through AHRQ and the CMS Innovation Center. Establishes a Field EMS Evidence-Based Practice Center at \$40 million to promote high quality and evidenced-based field EMS and cost-effective delivery system for such care.

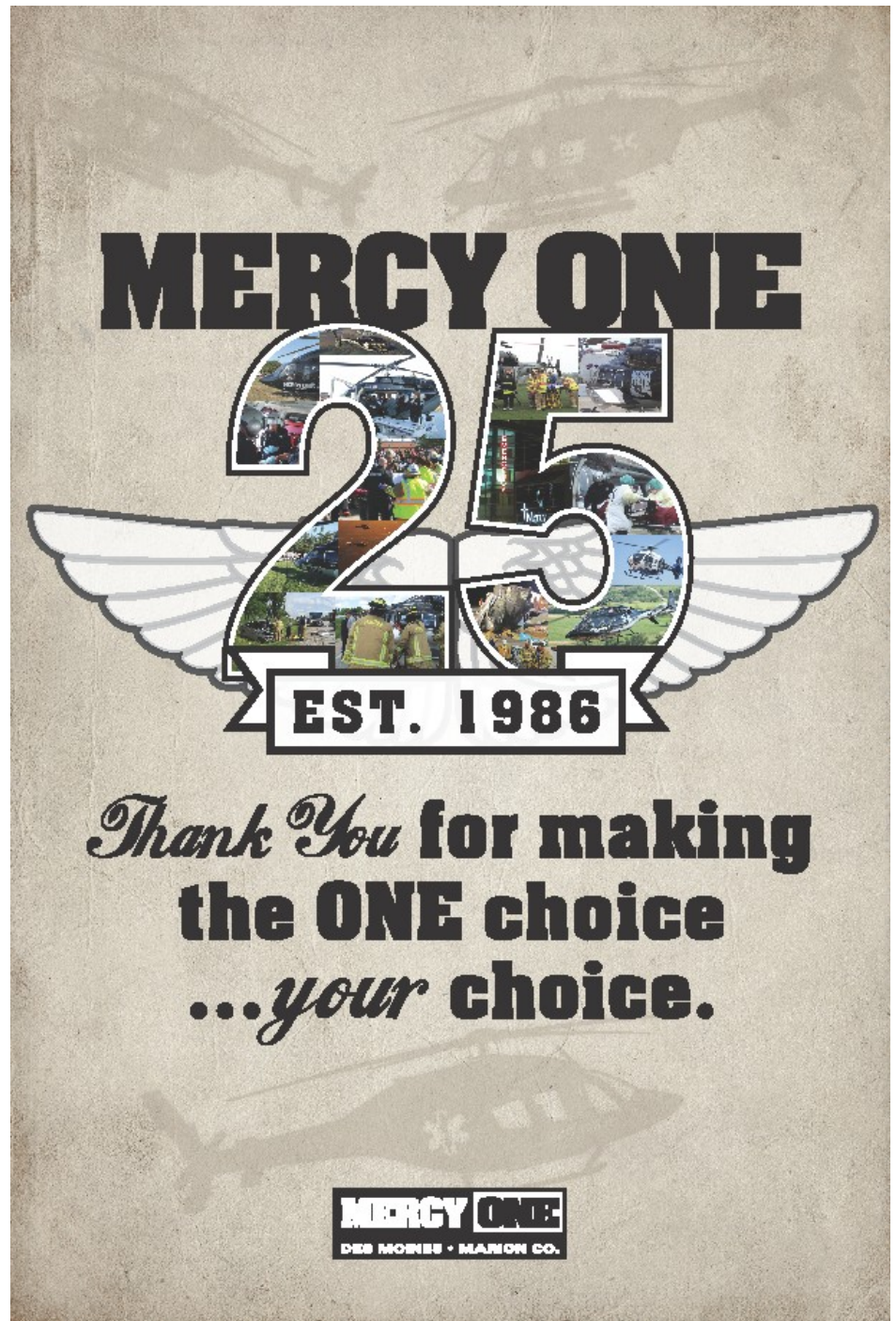
Funding: Creates a dedicated EMS Trust Fund and a tax designation on federal income tax forms for voluntary contributions by taxpayers for the field EMS grant programs created in H.R. 3144. The Secretary will utilize discretionary funds to start up these new programs created in H.R. 3144 and already authorized trauma and regionalization of emergency care programs for two years until the EMS Trust Fund is operational.

Our legislative priorities for IEMSA stay the same Iowa Cares Program reimbursement, Volunteer tax credit and Essential Service of EMS whether that comes to Townships or Counties.

The Leadership Conference is coming together and the final Agenda will be sent out as soon as we can. It will include IDPH update and a discussion of the new System Standards.

Thomas A. Craighton

*More
Conference
Photos*



What's New at the Bureau?

Bureau of EMS News November 30, 2011

Anita J. Bailey
BUREAU NEWS

We are happy to welcome Gerd Clabaugh, as the new IDPH Deputy Director and ADPER Division Director. Gerd replaces Mary J. Jones. Gerd will be attending some onsite inspections and EMS meetings to get acquainted with the Iowa EMS community. The Bureau of EMS Chief position has not been filled.

One staff person was laid-off due to a reduction in funding for Injury Prevention from the Governor's Traffic Safety Bureau. 3.9-Bureau of EMS FTE's are funded through the federal Preventive Health & Health Services Block Grant (PHHS BG). The department was recently notified that the grant program may not be funded for 2013.

SYSTEM STANDARDS

In July 2011, EMSAC acted to make the EMS System Standards an official subcommittee. David Luers, Chief for Fort Dodge Fire Department was appointed to chair the EMS System Standards sub-committee. David has been working with the System Standards group since inception and is passionate about the possibilities for the improvements the Standards bring to Iowa's EMS community. Congratulations David!

The System Standards group was honored to have Iowa Senators Danielson and Hancock attend the September meeting. Healthy discussion about ways to move the initiative forward included developing educational materials and programs for EMS groups. The FAQ document and brochure were distributed at the booth at the IEMSA Convention and Tradeshow. Committee members and bureau staff will continue distribution. The program can be scheduled by contacting Evelyn Wolfe, SE Regional EMS Field Coordinator by phone at: (319) 624-9085 or by email at: evelyn.wolfe@idph.iowa.gov Evelyn certainly deserves recognition for her tireless administrative support to the System Standards group. Herding lions...J

ELECTRONIC DATA SUBMISSION

On May 11, 2011 the Iowa Administrative Code changed to require electronic submission of the required patient data for every patient transported. The Bureau no longer accepts paper patient care reports. The department contracts with Med Media, Inc. for our data warehouse. We offer WebCUR, a web-based data entry tool at no cost to services. For login and password information contact Med Media at 717-657-8200. You can also visit their website at www.med-media.com and select Products to EMS to WebCur: Data Warehouse. Please set up your account and ensure July – September transports are entered by January 1, 2011. Contact your regional coordinator if you have questions regarding data submission compliance.

PEDIATRIC OUT-OF-HOSPITAL DO NOT RESUCITATE (OOH DNR)

Thirty-two states now have OOH DNR for pediatric patients with terminal illnesses. Many of Iowa's terminally ill children live at home and there have been incidents where resuscitative efforts have been conducted by EMS against family wishes. The University of Iowa, Palliative Care Workgroup (PCW) is revising Iowa's current OOH DNR to include pediatric patients. The PCW has surveyed the EMS community via IEMSA and the American Academy of Pediatrics, Iowa members. A fact sheet has been developed and will be ready for distribution soon. The group intends to begin the legislative process this upcoming session. Your support may be requested in the near future.

MOVING FORWARD WITH TRANSITION

Iowa's transition to the new levels officially began August 1, 2011 and the first EMT's were certified the week of October 10th. The bureau staff has been directing providers to: www.idph.state.ia.us/ems and select the **TRANSITION** tab for information that describes the process and deadlines for each of the current levels. The Bureau will pay the NREMT fee for the first certification examination attempt for the I-85 and I-99's that transition to levels that require written examination. Below is a table showing the dates of transition completion for each level.

Not getting the weekly eNews?
Send us an email to: administration@iemsanet.net

Current Level	Transition Level	Date for Completion
First Responder	Emergency Medical Responder	September 30, 2013/2014*
EMT – Basic	Emergency Medical Technician	March 31, 2014/2015*
EMT– Intermediate	Advanced Emergency Medical Technician	March 31, 2016
EMT – Paramedic	Paramedic	March 31, 2018
Paramedic Specialist	Paramedic	March 31, 2014/2015*

*Transition at time of certification renewal.

TRAUMA SYSTEM At the October 2011 Emergency Medical Services Advisory Council (EMSAC) meeting, Dr. James Torner representing the System Evaluation Quality Improvement Committee (SEQIC) presented the Out-of-Hospital Trauma Indicators. The Quality Assurance Standards and Protocols (QASP) recommended that the Bureau of EMS consider system-wide trauma system education that includes the following action steps:

QASP will review the current protocols to see if there are ways to emphasize minimal scene times for patients with time-sensitive injuries. Add trauma education information to the Service Director and Medical Director workshops. Bureau staff will emphasize the importance of minimal trauma scene times during presentations at conferences and at regional, county, service and transition meetings. The Bureau will draft and distribute a letter that encourages Service and Medical Directors to use the local CQI process to meet the recommended a benchmark of 10-minute scene times for trauma patients. EMS training programs will be asked to work with their instructors to highlight the 10- minute scene time benchmark in initial training courses and to emphasize the identification of time-critical injuries. Rosemary Adam volunteered to develop a CEH lesson plan for EMS educators and will work with the Emergency Nurses Association and the Trauma Nurse Coordinators. The Bureau will work with the Attorney's General office to see if we can provide trauma scene time data to individual services.

Group Purchasing Contract

In June 2011, the Iowa EMS Association, on behalf of its Affiliate members, sought contract proposals for the provision of emergency medical services related supplies and medications. After a comprehensive review of all proposals, a two-year agreement was awarded to Bound Tree Medical, beginning August 1, 2011.

In order to take advantage of contract pricing, services must be Affiliate Members of IEMSA. Per the agreement, Bound Tree is required to set up individual accounts for each Affiliate member, and offer contract inclusive of shipping charges. Bound Tree's cutting-edge distribution model allows for prompt and accurate delivery anywhere in the United States.

Visit "Boundtree University," a website to be utilized as a research and training tool that examines emergency medical services, products, and care related to pressing issues in the industry. This website, which features interactive tools

and a wealth of EMS knowledge and literature, may be found at www.boundtreeuniversity.com. Our Iowa Bound Tree Account Manager is none other than Bill Wesely, a familiar face to many with a wealth of experience. Bill may be reached at Bill.Wesely@BoundTree.com, at work at (800) 533-0523 extension 5160, or by cell at (319) 759-6671. In addition, Bound Tree's best-in-class customer service department is available Monday – Friday, 7:30 a.m. – 8:00 p.m. EST at (800) 533.0523.





Hello and Happy Holidays!! NAEMT has had a busy fall beginning with the annual meetings held in Las Vegas, NV in August.

This is a busy time for NAEMT Board members as it is the one opportunity each year to attend all committee meetings face-to-face. The education committee has been especially busy and PHTLS, AMLS and EPC are all enhancing these already high quality courses.

The NAEMT Advocacy Committee continues to work through legislation as it is introduced in Congress which may have any impact on EMS. NAEMT continues to focus on **Medicare reimbursement, PSOB and Allocation of the D-Block Broadband spectrum to Public Safety**. NAEMT has also recently taken an active support role in several other pieces of legislation including the **Medics to Veteran's Act, the Craig Thomas Rural Hospitals and Providers Equity Act of 2011 and HR 3144--The Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act**, which is the long awaited "EMS Field Bill" and introduced in October. Additionally, the first group of NAEMT State Advocacy Coordinators completed training and have begun helping to build strong grassroots advocacy groups in their states. Thomas Craighton is the Iowa State Advocacy Coordinator and I know he will do a fabulous job!! For a listing of the legislation being tracked and NAEMT's level of action on that legislation use the following link <http://capwiz.com/naemt/home/>.

The Near Miss Task Force has completed their recommendations for the reporting form and beta testing has taken place over the last month. The importance of tracking this data can be linked directly to improved safety measures and the mitigation of safety risks to both patients and EMS practitioners. NAEMT will continue to work with the Center for Leadership and Innovation to develop a universal tracking system for EMS LODD.

The NAEMT Education programs have been busy finalizing and introducing their online-Hybrid courses. PHTLS released their online Hybrid course earlier this fall with AMLS soon to follow. The Hybrid courses are designed to give students more flexibility and may provide more cost and time efficiency. These are 16 hours courses which combine a new 8-hour online content and 8 hours of classroom content. Students who successfully complete this course will receive 16 hours of CECBEMS credit and a course card.

The NAEMT Health and Safety committee continues to work on the development of suggested EMS Fitness guidelines and monitor the NFPA 1917 project for ambulance design. The EMS Safety Course has grown rapidly in this inaugural year and will be going to Japan in December with other countries requesting to hold a course as well.

The Military Relations committee has been working on several projects including a pre-deployment recertification instructional checklist to be incorporated into a veteran transition to civilian life brochure. This committee is working hard to aid our military coming home to have a smooth transition into civilian life.

NAEMT's elections were held in October and there will be 5 new or returning board of directors seated in January. Region I Director—Scott Matin, New Jersey, Region II—returning—Jim Judge, Florida, Region III (Iowa's region)—returning—Sue Jacobus, NE, Region IV—Bruce Evans, Colorado and returning Director-at-large—Chuck Kearns, FL (his official residency is still in FL). Additionally, the membership overwhelmingly voted to approve the proposed bylaw changes.

I wish you all a healthy, safe and wonderful Holiday Season! If you have any questions, comments or concerns or would like to be more actively involved in the NAEMT organization please contact me at jksadden@gmail.com.

Best Regards!

Jules

Jules Scadden, PS
NAEMT-Director-at-large

www.naemt.org



Spotlight on Training

Southwestern Community College—Creston, Iowa

Southwestern Community College EMS Training Program is located in south central Iowa on Southwestern's main campus in Creston. SWCC is currently authorized through the Iowa Department of Public Health, Bureau of EMS to offer all levels of initial EMS training. We also provide two annual EMS continuing education conferences and a variety of ancillary continuing education courses. SWCC serves Adair, Adams, Clark, Decatur, Montgomery, Ringgold, Taylor, and Union counties as well as portions of Lucas, Madison, Page, Pottawattamie and Wayne counties.

Cheryl Blazek is the EMS Training Program Coordinator at Southwestern Community College and has been in that position since 1999. She is an Iowa Paramedic and has a Bachelor of Science Degree in Adult Education. Cheryl started her EMS career in 1985 and worked at Greater Regional Medical Center's hospital based ambulance service prior to employment at SWCC. Cheryl has served on numerous organizations including IEMSA, Iowa EMS Advisory: QASP Committee, Union County EMS Association and NAEMSE. She implemented, and is responsible for, SWCC's PAD program which houses at least one AED in each building on campus. Cheryl is also a published contributor to EMS text books and has spoken at several EMS conferences within the state.

In addition to EMS, Cheryl also coordinates fire-fighting, law enforcement continuing education and other various health related courses.

Dedicated, lead instructors offer courses throughout the SWCC area. All serve in additional EMS capacities within their own communities, not only as EMS providers, but also serving on local EMS committees. Instructors are also involved in instructor/advisory committees at SWCC. Task forces are established from the instructor/ advisory committee to assist in course development and delivery; most recently developing curricula for each level of EMS provider to meet the new transition requirements.

Other non-instructor endorsed EMS providers stay involved with SWCC education by assisting with continuing education conferences and skills labs within initial training courses.

With the changes in educational standards, SWCC is exploring the option of CAAHEP Accreditation and continued offering of the Paramedic program. Community needs, viability of program, and availability of resources will all be considerations. Regardless of whether SWCC continues its paramedic program, SWCC will offer the Advanced Emergency Medical Technician level along with the Emergency Medical Responder and Emergency Medical Technician courses.

With the area being largely rural and made up of volunteer, paid, fire-based, hospital-based and stand-alone EMS services, SWCC prides itself on offering cost effective, quality, up to date and progressive course offerings that meet the demands of our varied EMS providers and the needs of our communities.

See more about SWCC's EMS courses at www.swcciaowa.edu/ems and by "liking" their Facebook page at SWCC EMS.



Affiliate Spotlight—Winneshiek Medical Center Ambulance

Winneshiek Medical Center Ambulance began in 1972 when the medical center (then named Winneshiek County Memorial Hospital) assumed ownership of the Decorah Fire Department ambulance service. Initial staffing of the now hospital-based service was with first aid-trained staff who soon became EMT-Ambulance certified (some who were among the first in Iowa to earn this level of certification).

The Winneshiek Medical Center Ambulance service provides 24 hour ambulance coverage to the residents of Winneshiek County, treating patients at the scene of a medical emergency or traumatic injury, and transporting them to the medical center for further care. 24/7 Mayo Clinic Health System Emergency Medicine Physicians at Winneshiek Medical Center work with ambulance staff to provide the best possible outcomes for each emergency situation.

Winneshiek Medical Center Ambulance is supported by nearly 50 volunteer first responders throughout the county, and is primarily served by Mayo One and MedLink Air helicopter services.

Winneshiek Medical Center Ambulance service currently has over 255 years of combined experience. At its onset, the service functioned with 16 staff members, with the number growing to 28 staff in 2011. In addition to being one of the first services to staff certified EMT-A's in Iowa, many staff continued to further their training. In 1985, staff transitioned to the Paramedic level, making Winneshiek Medical Center Ambulance one of the first paramedic services in Iowa. Their commitment to professional development has included community services throughout the years. In 1981, ambulance staff assisted community volunteers in becoming trained as first responders, and since that time staff have taught numerous continued education and certification classes, ranging from first responder courses to paramedic courses.

Former Winneshiek Medical Center Ambulance Director Darwin Melcher (now retired) was active in helping establishing EMS in Iowa and the Iowa EMS Association, and in 1989, the service was recognized as the Iowa EMS Association Service of the Year. In 1995, the Decorah Police Department, which is the local Public Service Answering Point (PSAP) for Winneshiek County, began paging the ambulance directly in response to 911 calls. This change in process improved response time by eliminating the need for multiple points of contact with the caller prior to dispatching an ambulance to the scene.

Winneshiek Medical Center maintains three ambulances.

Winneshiek Medical Center Ambulance has maintained a four wheel drive ambulance for well over 30 years. Since 2009, the medical center has run two Type 1 four wheel drive ambulances and one Type 3 ambulance.

Winneshiek Medical Center Ambulance is the primary ambulance service to 600 square miles of Winneshiek County. It also provides secondary coverage to nearly 38 square miles covered by basic, volunteer services in the area (Ossian Ambulance and Frankville Ambulance).

In 1987, the Winneshiek Medical Center Ambulance service provided just over 800 requests for service. In 1997, the number jumped to 1045 requests for service, and in 2007, it had again increased to 1365 requests for service. In fiscal year 2011, there were 1411 requests for service. The transport rate for Winneshiek Medical Center Ambulance is an average of 80-86%, and the service averages a 4-minute response time to locations in Decorah. Response times to rural Winneshiek County requests for services vary by their distance from the medical center.

Winneshiek Medical Center Ambulance staff is stable, with an average of nine years of service per staff member. The current manager, Steve Vanden Brink, is the fourth service manager since the services' onset in 1972. Current staffing includes 28 total staff, with six basic providers, three Iowa Paramedics, and 19 Paramedic Specialists (six of which are Critical Care Paramedics). Over the years, Winneshiek Medical Center Ambulance staff have continued their education, becoming nurses, physician assistants, medical doctors, certified registered nurse anesthetists, and paramedics with area helicopter services.

Winneshiek Medical Center Ambulance responds to a two-vehicle car accident in December of 2010.



The Iowa Donor Network has recognized Winneshiek Medical Center as an integral part of the donor process in the state. The award describes WMC as a group of "everyday heroes ready and willing to make a difference." Specifically WMC was recognized as having a 50% success rate for tissue consent; meaning that half of the patients who were eligible for tissue donation consented to helping others through the gift of donation. According to the Iowa Donor Network, WMC staff were one of the few groups to receive this award. WMC staff accepting the award is, from left: Laure Rausch, Wendy Kuennen, Dave Nienhaus, and WMC Director of Ambulance Steve Vanden Brink.

The Winneshiek Medical Center Ambulance service is housed in the Winneshiek Medical Center Emergency Department. In 2000, the structure of the ambulance service changed. Staffing moved from maintenance department – based EMT positions to Patient Care Technician positions shared between the medical – surgical department and the ambulance department. Current staffing pattern involves two paramedics on the first out ambulance and Paramedic and on call Transfer Driver with the second out ambulance. The current FTE status of the ambulance department is 13.5 FTE's; 4.3 of which are shared with the emergency department and the EKG service. The paramedics are assigned to the emergency department when not completing ambulance service duties or EKG acquisitions throughout the medical center. The Winneshiek Medical Center Ambulance service staff work twelve-hour shifts and every third weekend.

Winneshiek Medical Center Mission, Vision, Values

Our Mission: Winneshiek Medical Center is dedicated to providing quality and compassionate primary care, inpatient and outpatient services, diverse local medical specialties and multi-disciplinary health programs.

Our Vision: Winneshiek Medical Center will be the preferred health system, providing quality health care services and programs throughout our region by working collaboratively to serve our rural communities.

Our Values: Through stewardship, Winneshiek Medical Center bases services on:

Quality - Professional competence

Respect - Dignity and compassion for patients, visitors, volunteers and employees

Fiduciary Responsibility - Sound resource management

The Winneshiek Medical Center Ambulance service exists to provide the highest level of care to all who request our service, treating them with respect, compassion and dignity. We work hard with our local volunteer service to ensure they have the supplies needed to care for our patients before our arrival. We are there to back up the other basic ambulance services in the area with our paramedic staff. As a hospital-based ambulance service, our EMS providers are given the opportunity to learn from the physicians and nurses on how our care in the field affects the outcome of our patients.

The Winneshiek Medical Center Ambulance service is closely tied to the community. The service provides stand-by care for local fire and law enforcement calls-to-service, as well as stand-by care for area school athletic events. Additionally, staff serve as instructors for a variety of educational offerings: from certification level courses to Family and Friends CPR classes. EMS providers educate numerous school-age children about emergency services through the Winneshiek Medical Center school tour and babysitter training programs.



Winneshiek Medical Center Ambulance staff work with students in the Winneshiek Medical Center Babysitter Training program.



Winneshiek Medical Center Ambulance staff and medical center volunteers teach Family & Friends CPR at the Winneshiek County Fair.

Winneshiek Medical Center Ambulance staff contribute to their communities during time away from work as well. Staff volunteer their time and talents to local church groups, first responder services, fire departments and area ambulance services. They also volunteer for medical stand by at local community sporting events, such as the Decorah Mountain Bike Time Trials, which has been held for the past 20-plus years.

Winneshiek Medical Center Ambulance is a member of IEMSA as budget allows. We believe having a strong state association aids all EMS providers in ensuring our profession will continue to be heard and supported as part of the emergency services provided to our residents. We must continue to be united as we emerge as an integrated part of the medical community.

The Winneshiek Medical Center Ambulance service is supported by the Winneshiek Medical Center Foundation and the community. Though pledges of support, we have purchased more than three ambulances along with ambulance equipment/technology, including stair chairs, cardiac monitors and radio communication equipment.

Emergency Services Christmas Prayer



Please make this, Lord, a silent night
this one night of the year.
No sirens wailing through the dark,
no shouts of hate or fear
No crumpled cars and twisted steel,
no blood and tears that spill.
No messages of grief to take,
to homes that suddenly grow still.
Please, King of Peace, no drunken fights
that wreck the family tree,
And all the dreams of some small child,
who clings, in fear, to me.
Let travelers tread the tinsel streets
safe from assault and harm.
On this night, this special night,
no red lights, no alarms.
I'd like to be at home, Oh Lord,
where spice and cedar scent the air.
I hope the children don't wake up,
until I can be there.
Please make this Lord, a silent night,
no hate, or hurt, or crime,
But if this cannot be, Oh Lord,
help me get there in time.
Amen

~Author Unknown~



IOWA EMERGENCY MEDICAL SERVICES ASSOCIATION
8515 Douglas Avenue, Suite 27B
Urbandale, IA 50322