

IEMSA VOICE



LEGISLATIVE MOVEMENT



CE TRAINING



EMS IN THE PRESS

IEMSA **15**
AWARDS!

LEARN ABOUT A FEW OF OUR BEST!

EMS SURVEY
RESULTS **08**

We Asked And You Delivered!

EMS DAY ON THE HILL: **13**
JANUARY 30, 2014

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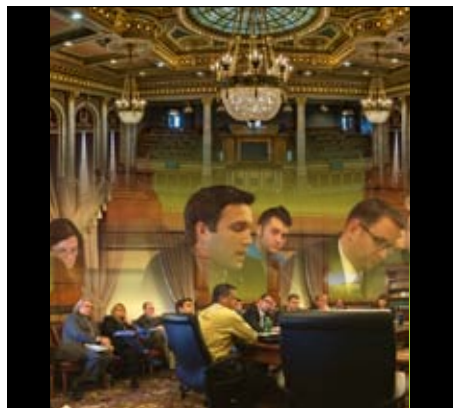
> CONTENTS

The VOICE is published quarterly by the Iowa EMS Association covering state EMS issues for emergency medical services professionals serving in every capacity across Iowa. Also available to members online.



Thursday, January 30, 2014

13 STAND UP AND SHOW UP ON THE HILL :
THIS IS IT--OUR OPPORTUNITY FOR
EMS PROFESSIONALS TO MEET OUR
LEGISLATORS! MARK YOUR CALENDAR!



**10 THE IOWA LEGISLATURE'S EMERGENCY
MEDICAL SERVICES STUDY COMMITTEE :**
LEARN ALL ABOUT IT AND HOW YOU
CAN MAKE A DIFFERENCE

OUR PURPOSE : To provide a voice and promote the highest quality and standards of Iowa's Emergency Medical Services.

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> BOARD MEETINGS

- > December 19th, 2013
Tele-conference 1:30–2:30pm
- > January 29, 2014
Drury Inn-WDM : 1:00–3:00pm
- > February No Meeting, 2014
- > March 20th, 2014
IEMSA Office 1:00–3:00pm

> IEMSA OFFICE

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EMS DAY ON THE HILL

REGISTER TODAY
CLICK HERE TO REGISTER OR
VISIT: [HTTP://WWW.IEMSA.NET](http://WWW.IEMSA.NET)

05	PRESIDENT'S NOTE : A BIG YEAR FOR EMS
06	LEGISLATIVE UPDATE : TOWN HALL MEETING: TIPTON BRINGS EMS ISSUES CONCERNS FRONT AND CENTER
08	EMS STUDY SURVEY RESULTS!
14	SE EMS SATURDAY CONFERENCE : PICK UP A FULL DAY OF CE'S FOR JUST \$20 FOR IEMSA MEMBERS! JANUARY 11, 2014 AT THE DISCOVERY CENTER IN MUSCATINE, IOWA. Click Here to REGISTER TODAY! AT WWW.IEMSA.NET
15	RECOGNIZING OUR OWN! IEMSA AWARD WINNERS FEATURED.
20	MEET THE BOARD MEMBER NEWS : WE HAVE 4 NEW BOARD MEMBERS. AND ONE WAS FEATURED IN THE MESSENGER NEWS LAST WEEK!
23	Uh-Oh! PEDs CONFERENCE-- EMS TRAINING TO CARE FOR LITTLE BODIES FEBRUARY 22, 2014 • CORALVILLE HOLIDAY INN Watch for details at www.IEMSA.NET
24	CE TRAINING : PRINCIPALS OF DOCUMENTATION--earn an optional CE
28	EMS BUREAU UPDATE : A strategic and operational plan for the Department!
29	SPOTLIGHT ON TRAINING : SOUTHEASTERN COMMUNITY COLLEGE
30	STAND UP EMS - LEADERSHIP CONFERENCE : January 30th, 2014 • Drury Inn in West Des Moines. REGISTER TODAY! Click Here!



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A NOTE FROM OUR PRESIDENT

A BIG YEAR FOR EMS

BY JERRY EWERS, Fire Chief, BA, EMT-PS
IEMSA President / Board of Directors



This has been a very productive and busy year for all the Board of Directors here at IEMSA, especially as we have

responded to the Des Moines Register articles on the status of EMS in Iowa. As an organization we are truly committed to providing quality education, leadership training, ambulance billing training, providing a memorial service honoring those that have served Iowa, constantly pushing for needed changes



in legislation, interacting and maintaining a positive working relationship with IDPH, and hosting the largest annual EMS Conference and Trade Show in the Midwest.

As the Voice for EMS in Iowa, IEMSA has repeatedly replied to the Des Moines Register articles with letters to the editor this past year, with only two of those being printed.

I personally spent numerous hours responding to member's emails and voice mails. I also addressed the impact of what Clark Kauffman's articles left out in the past two President's articles this year in the Voice. But, with the creation of the EMS Study Legislative Committee we were able to speak on your behalf to the five Senators and five Representatives on November 6th and 7th at the Capital about YOUR concerns and issues affecting you personally from what you responded to in our surveys, town hall meetings, and personal phone calls and emails that we received. I'm optimistic and hopeful

that we were actually heard and will see some bills of support come out of this committee. I know we had great media coverage and positive feedback on our presentation from the committee.

Our friends and public safety counterparts in the fire and police organizations have been successful legislatively by showing up in numbers at the capitol and bending the ears of their Senators and Representatives. I strongly urge and beg of you to help us out on January 30th at EMS Day on the Hill and join us to share our EMS Legislative Talking points with our Senators and Representatives. **This is how we'll be heard—when we show up in numbers and let them know what's broken and how it can be fixed.** We have approximately 12,000 EMS providers in the state, but only average less than 100 who show up at the capital. Let's change that this year. I challenge you to be active and show up. They will take us seriously if we show up in numbers. This is grass roots campaigning at its best. We are their constituents who voted them into office and we can vote them out if they don't listen and act on our issues. Again, please mark your calendars for January 30th and I hope to see you there.



For those of you that have either called our office or mailed anything to our office you will have noticed **a new voice on the other end of the line along with a new office address.** In 2013 we hired a new Office

Manager, Lisa Arndt, who previously worked for IEMSA in our infancy and we are grateful to have her back. Lisa is working hard to help grow our organization and help you out with your requests. We also moved office locations this year and are now located in West Des Moines at 5550 Wild Rose Lane, Suite 400.

As for annual training we had Doug Wolfberg speak at the annual Billing and Management conference which was hosted by LifeQuest and we had Jon Politis back to teach the EMS Leadership Academy this fall. The annual Conference



and Trade Show was a huge success with hosting great national and local speakers and we were able to offer the largest exhibit hall in our history. Please be ready for next year, which will mark the 25th Annual Conference. You won't want to miss this one!



With changes at the IDPH EMS Bureau over the years I can honestly say that IEMSA has collaborated and worked closely with the Bureau staff this past year and have created a great working relationship with them. Under the

leadership of Ken Sharp and Rebecca Curtiss I have seen and participated in numerous meetings and committees with productive outcomes and well thought out strategic planning that will improve the overall functions of the Bureau (see their strategic plan on page 28-click here). I look forward to our new working relationship with the Bureau moving forward in 2014.

As we end the year I can report that IEMSA is fiscally sound and that your Board of Directors that are volunteering their time for IEMSA is hard at work representing you all year long. If you get a chance, please thank them personally since we all know the time commitment volunteering puts on us, our families, and our workplace.

For me, it has been a pleasure and an honor representing you as YOUR IEMSA President since 2011. As President, you are only allowed to serve two full two-year terms, which means 2014 will be my 4th and final year as President. So, 2014 will be bittersweet. I look forward to serving my last year as President and passing the baton on to the next President, which will happen in December 2014.

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

Please check out IEMSA's website for upcoming programs, conferences, and events for 2014.



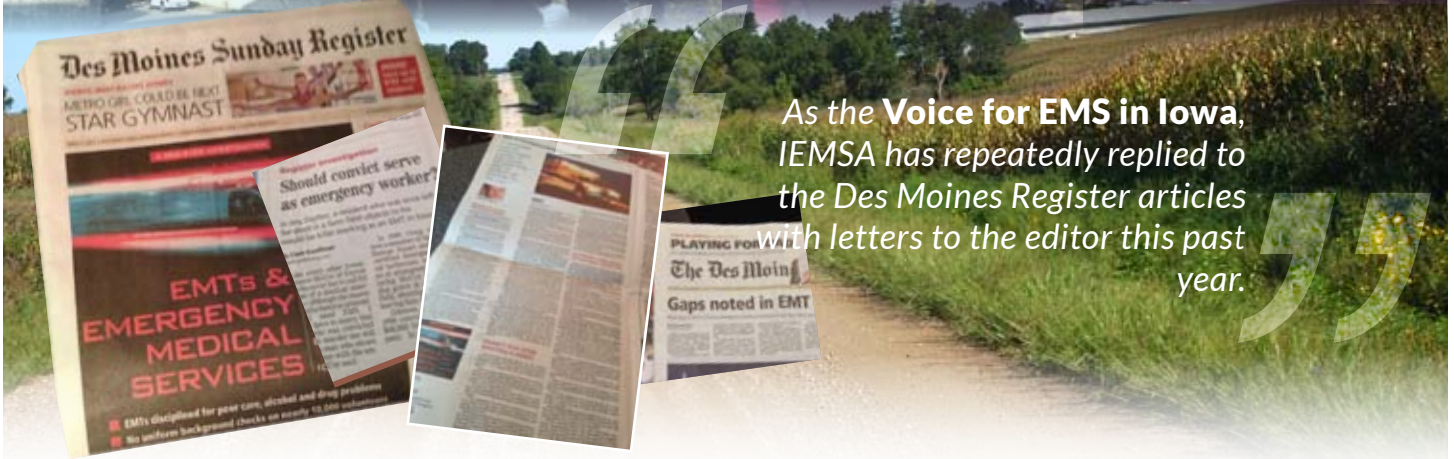
LEGISLATIVE MOVEMENT



6



CE TRAINING



As the **Voice for EMS in Iowa**, IEMSA has repeatedly replied to the Des Moines Register articles with letters to the editor this past year.

BY LINDA FREDERIKSEN, Vice President and Chair

OUR VOICE ON THE HILL LEGISLATION



7

plaguing the delivery of emergency medical services, ranging from a lack of personnel to difficulties renewing necessary certification at both provider and agency levels. Participants offered the legislators a full slate of concerns that they felt threatened the sustainability of emergency medical services operations, and on occasion, offered potential solutions.

This event proved to be an eye-opening experience for both the emergency medical services providers as well as the legislators who attended, providing insight into the delivery of out of hospital health care and public safety, and ways in which these essential services should interact with the political and legislative process. There is significant value when the minds of lawmakers and public safety providers meet, and it is our hope that solid efforts are put forth to schedule future “Town Hall” meetings in our state.



Town Hall Meeting: Tipton Brings EMS Issues Concerns Front and Center

On Wednesday, October 16, 2013, the Tipton Ambulance Service, in conjunction with Rep. Bobby Kaufmann and Sen. Bob Dvorsky hosted a “Town Hall” meeting to gain input and insight into critical issues faced by emergency medical services agencies and providers. Attended



by approximately 65 individuals representing at least ten different organizations, this session also attracted Rebecca Curtiss and Ken Sharp from the Iowa Department of Public Health Bureau of EMS.



Rep. Kaufmann



Sen. Dvorsky

The legislators skillfully moderated the two-hour session during which attendees identified a multitude of issues



EMS LEGISLATIVE TALKING POINTS!

1. Emergency Medical Services, along with Police and Fire, should be an Essential Service
2. Increase the Volunteer EMS/Fire Annual Income Tax Credit from \$50.00 to \$500.00
3. Increase funding for the Iowa Department of Public Health Bureau of EMS to staff vacated positions in the following priority order:
 - > Bureau Chief,
 - > Two Regional Coordinators, and
 - > Medical Director
4. Significantly increase Medicaid Reimbursement, which is currently less than half that of Medicare



The October 2013 IEMSA Survey:

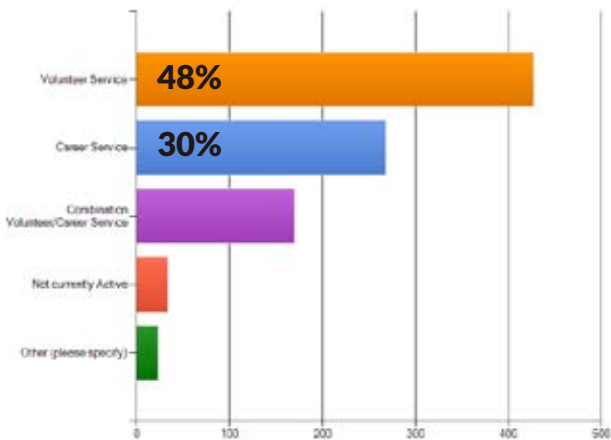


A huge "THANKS" to our members who completed the October 2013 IEMSA electronic surveys! Your input was invaluable for the delivery of an effective presentation to legislators who comprised the Emergency Medical Services Study Committee on November 6, 2013.

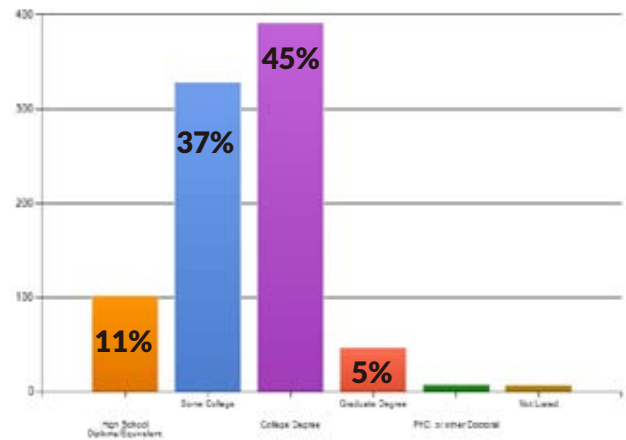
The Iowa EMS Association sincerely thanks Mark McCulloch, representing the South Central region, and Lisa Arndt, our Office Manager, for their hard work in both gathering and interpreting the survey results.

After collecting responses from an initial "free text" survey, a second, more focused secondary survey was compiled. We received nearly 900 responses from the second survey. Some examples of responses to the twenty-six survey questions include:

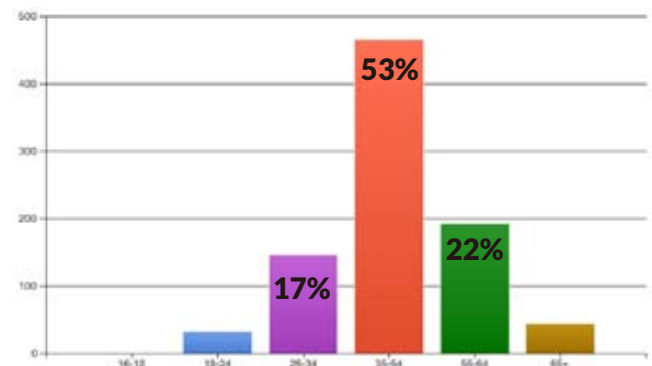
1. What type of EMS delivery model are you currently active with in the State of Iowa?



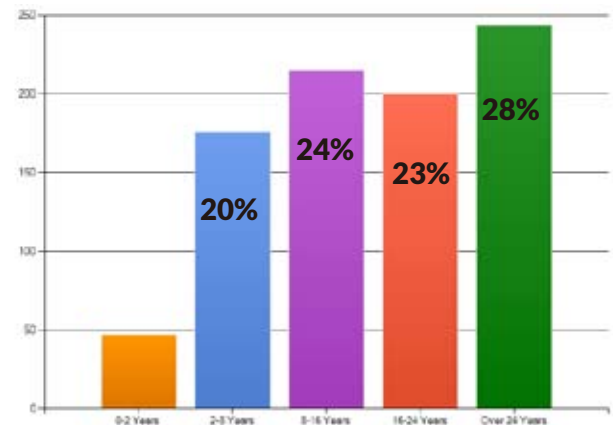
2. Please indicate your highest level of non-EMS education.



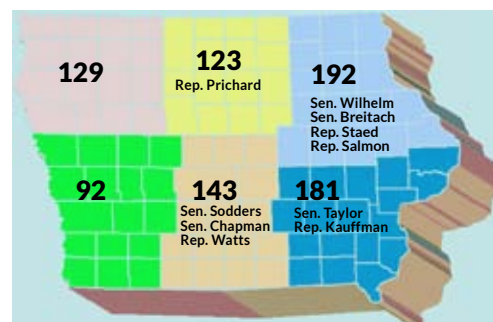
3. Please indicate your age.



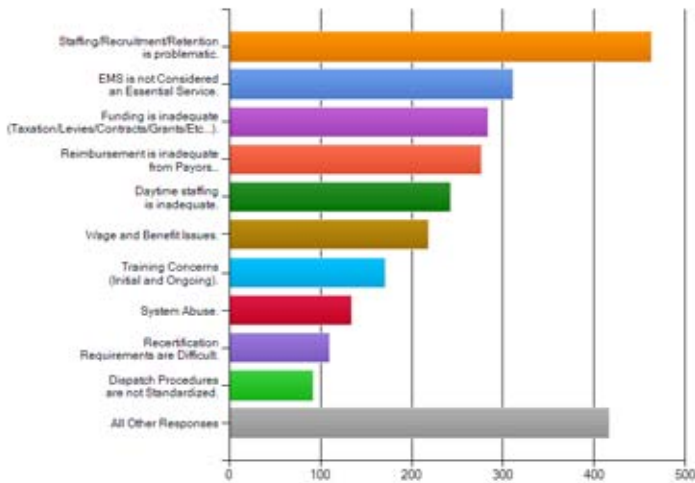
4. How many years have you been an EMS provider?



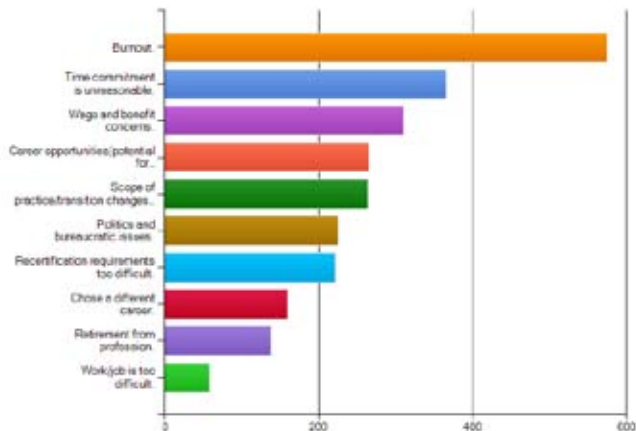
5. Which region of Iowa do you serve?



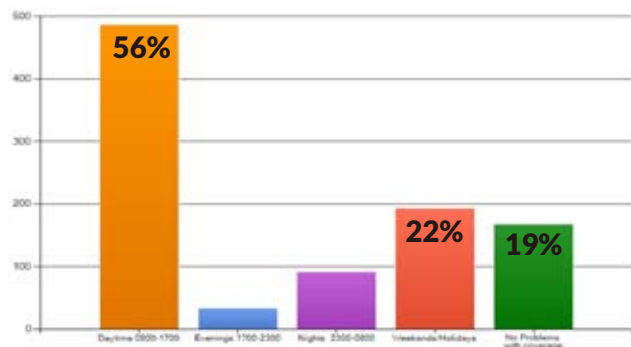
6. Please review the following list of concerns related to the delivery of Emergency Medical Services in your service area and vote for the top THREE that you consider the most significant.



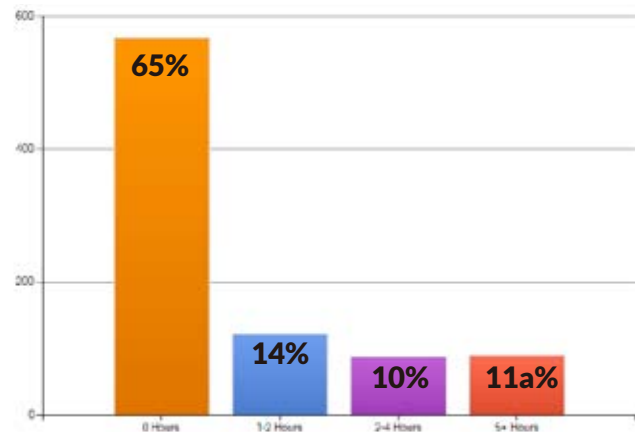
7. Please check the top THREE reasons you think EMS providers allow their certifications to lapse.



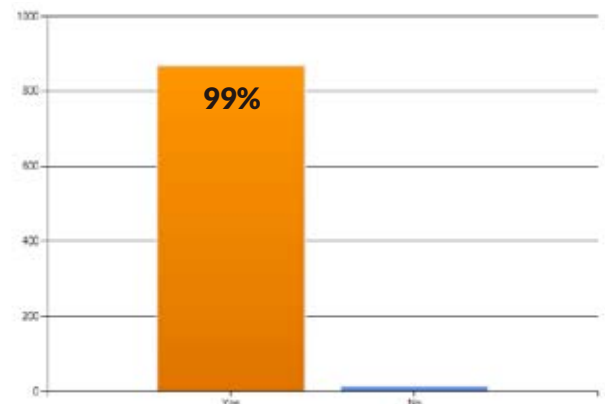
8. What time of day is most difficult to provide EMS coverage in your service area?



9. On average, how many hours per day is EMS coverage unavailable in your service area because of inadequate staffing or lack of an ambulance resource (i.e. out of service, transfer, etc...)?



10. Police and Fire Protection services are considered essential in the State of Iowa; should Emergency Medical Services be considered an essential service as well?



You may access this survey in its entirety under the “Members Only” Section of our webpage, located at www.iemsa.net.

Stay tuned for future survey opportunities to let your voice be heard on important issues!

> The Iowa Legislature's Emergency Medical Services Study Committee
November 6-7, 2013

In the last issue of "The Voice," we reported that while Governor Branstad vetoed the creation of the Public Safety Training and Facilities Task Force, the Iowa Legislative Council approved the establishment of an Emergency Medical Services Study Committee on July 18, 2013. This committee was charged with researching the current status of Iowa's emergency medical services, as well as providing recommendations to ensure the future availability of emergency medical services statewide. This bipartisan group was composed of five members each from the Senate and House, and met at our state Capitol on November 6 and 7, 2013.

The members of this committee included:

> IOWA STATE SENATORS



Sen. Mary Jo Wilhelm,
(D-Cresco), **Co-Chair**



Sen. Steve Soddors
(D-State Center)



Sen. Rich Taylor
(D-Mount Pleasant)



Sen. Jake Chapman
(R-Adel)



Sen. Michael Breitbach
(R-Strawberry Point)



> IOWA HOUSE REPRESENTATIVES



Rep. Ralph C. Watts, Co-Chair
(R-Adel), **Chair**



Rep. Bobby Kaufmann
(R-Wilton)



Rep. Todd Prichard
(D-Charles City)



Rep. Sandy Salmon
(R-Janesville)



Rep. Art Staed
(D-Cedar Rapids)

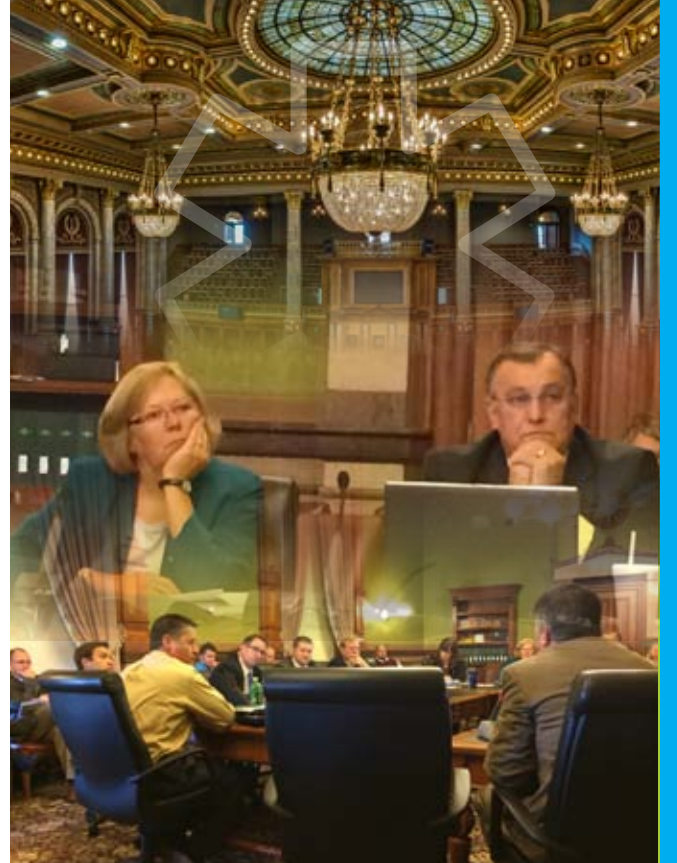


The Iowa Legislature's Emergency Medical Services Study Committee —continued

In an effort to secure statewide feedback for this study committee, IEMSA released two electronic surveys to its membership in the month of October, which resulted in an outpouring of valuable feedback. The first survey was structured with a number of free text responses, with the intention of creating a second, more definitive tool; this survey generated just over 200 responses. The second survey produced just less than 900 responses in three days, giving a solid foundation for IEMSA's presentation to the Emergency Medical Services Study Committee on November 6, 2013.

In addition to IEMSA's presentation, a number of other presentations were given to the committee. They included:

- > **The Iowa Department of Public Health, Bureau of EMS—Ms. Rebecca Curtiss, Interim EMS Bureau Chief, gave an overview of the organization over the past decade,** including its staffing and funding. Of note was the 27 per cent reduction in funding from FY 2008-2009, which included a reduction in the number of regional coordinators from six to four. In addition, the state medical director position has remained open for a number of years, and the Bureau Chief position has been filled only on an interim basis. A description of the EMS Advisory Committee, in addition to the Quality Assurance, Standards and Protocols (QASP) Subcommittee was given by Joe Ferrell, EMS Regulations Manager, and Gerd Clabaugh, Deputy Director of the Department of Public Health, respectively. Significant discussion revolved around Iowa's recent transition process to certification levels to align with national standards.
- > **IEMSA—Jerry Ewers, IEMSA President** described the mission, history and role of the association in representing the state's EMS providers and supporting the delivery of high-quality EMS throughout the state. Survey results were highlighted, with a focus on making EMS an essential service. The 2014 Legislative Talking Points were reviewed.



- > **EMS Training Programs—**Rosemary Adam of the University of Iowa, and Tina Young of Southeastern Community College in West Burlington discussed training requirements and options for various EMS provider levels, addressing the duration, availability and costs of the training. Of note was the finding that paramedic training costs have significant variation, ranging from \$6,000 to \$12,000, depending upon the educational institution. Training completion and exam success rates were also reviewed.
- > **Iowa Medicaid Reimbursement—Jennifer Vermeer, Director of Iowa Medicaid** discussed the primary Medicaid programs and associated reimbursement. Ms. Vermeer advised that Medicaid reimbursement rates are set by the legislature's annual appropriations bill, and noted that a 10 per cent increase was enacted for FY 2013-2014. Ms. Vermeer also noted that IowaCare, the program which currently provides low-income adults with limited health care benefits, does not cover ambulance services; she went on to say that this program will be replaced by the Iowa Health and Wellness Program, which will cover ambulance service at the same rate as Medicaid. Ms. Vermeer also indicated that there is an interest in changing from the Medicaid reimbursement rates to the more complex Medicare reimbursement methodology.



The Iowa Legislature's Emergency Medical Services Study Committee —continued

> **EMS Provider Perspective—Mr. Brian Donaldson, Director of the SEMS Paramedic Services in Sumner** outlined a number of issues affecting Iowa's EMS system, and suggested that consolidation, regionalization, and partnerships should be led and supported by the state as key development factors. Mr. Donaldson shared concerns that Iowa's Medicaid reimbursement was the poorest in the upper Midwest, and suggested that a mechanism be in place to support an annual review of said reimbursement rates. Mr. Donaldson further noted that behavioral transports placed significant burden on EMS agencies, taking providers out of the service area for extended periods of time. Mr. Donaldson supported the consideration of EMS as an essential service, and recommended that a blue ribbon task force be established to allow expert guidance from industry leaders to promote sustainable, quality care.

> **Public Comment—A multitude of public comments were taken from representatives of EMS agencies, both volunteer and career.** Funding and personnel availability seemed to resonate throughout most of these comments.

Additional EMS Study Committee recommendations from IEMSA included:

> **1. Creation of a Volunteer Public Safety Property Tax Credit.** Certified EMS, fire and reserve peace officers get a tax credit against their property tax bill equal to some benefit that the Legislature sees fit. New York has such a bill on its books. This is a much more specific, and targeted approach to civic engagement. The benefits to the cities, townships and counties are obvious; we are protecting those same cities, townships and counties in case of medical emergency, fire or law enforcement crisis. IEMSA could work with legislators to develop criteria and guidelines on this.

> **2. Increase in the Volunteer Income Tax Credit.** Volunteer EMS and fire may currently claim a \$50 tax credit against personal income taxes owed.

Although IEMSA is grateful for this, we encourage an increase to \$500 to make it more attractive to current public safety volunteers and enticing for those considering helping their communities.

> **3. Sales Tax Exemption for Equipment Purchased by Volunteer EMS/Fire/Reserve Police Officer.** If you pass a bill allowing for such, we could work with the Department of Revenue and Finance to craft rules specifying which pieces of equipment should be exempt. This would be an exemption against personal taxes, as government purchases are already tax-exempt.

> **4. Gas Tax Exemption for Private EMS Services.** Municipal and government-owned hospital EMS programs do not pay gas tax. This would level the playing field for private EMS providers and non-government-owned hospital programs.

> **5. Amnesty for Lapsed EMS Certifications.** We think the Department of Public Health should continue to look at innovative ways to recertify persons whose EMS certifications have lapsed; a provision for reinstatement of a "lapsed certification" already exists in Iowa.

> **6. Review of State-Authorized EMS Training Programs.** Ambulance transport reimbursement is regulated by not only Medicaid and Medicare, but commercial insurers. Concerns exist regarding the wide variation in costs associated with our state training programs...is this something that should be reviewed and/or regulated? Why should a paramedic program at one training program cost \$6,000, and another \$12,000? Both programs are accredited.

> **7. Capital Replacement Equipment Grants.** Many services have concerns when it comes to replacing large capital items, such as an ambulance or heart monitor/defibrillator. Some services have difficulty even putting fuel in their ambulance or rescue vehicle. These services are relying on fundraisers, such as pancake breakfasts, etc. What opportunities for grant funding specific to capital equipment replacement for EMS services can be provided by the state?

> **8. State Reimbursement for Behavioral Health**

Transport. Ambulance resources are wasted each day by dedicating an ambulance and two highly trained crew members to long distance mental health transports. Could a behavioral or secure car system, much like the program provided in the state of Illinois, be provided and funded by the state of Iowa to help to use our resources more efficiently? Can sending hospitals be required to fund these transports?

> **9. Increase in Medicaid Reimbursement.**

We received a 10 percent increase in our reimbursement for transport of Medicaid patients in last year's HHS bill. We are grateful for that; however, our reimbursements are still lower than the midwest average. With a base rate of \$60 per call, the 10% increase yielded only another \$6.00 of reimbursement per call, which still doesn't come close to the actual service delivery. We would again ask that you adjust our Medicaid reimbursements upward to get us more in line with the average.

A legislative report with formal recommendations regarding this study should be out in the very near future.

Now, more than ever, it is critical for Iowa EMS providers to stay both engaged and involved in our profession, and to connect with legislators to help to make the political process work both for and with public safety.



> **With that, please make sure you join us for EMS Day on the Hill, which will be held on Thursday, January 30, 2014. REGISTER TODAY (Click Here).**

This is an exciting opportunity for EMS professionals in our state to meet our legislators and discuss our "talking points" and legislative agenda. Make sure to check your calendar

to be present at this important event, followed by our annual Leadership Conference, See page 30 for a full agenda for the day! Buses leave for the capitol at 6:30 am. Now, more than ever, it's important to find your voice, and to advocate for emergency medical services as an essential service in the state of Iowa. You don't have to attend the conference to join us at the capitol. **—WE'LL BE THERE—WILL YOU?**



Making meeting easy

However you'd like to meet, we've got a room for you.



WELCOME IEMSA!
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Meet in person or via video, in a space chosen from the world's single largest network of meeting rooms.



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515.661.6103 • Loretta.Aldinger@regus.com



5th ANNUAL SE EMS Saturday

TUITION : \$20/IEMSA MEMBERS \$50/NON-MEMBERS (MEMBERSHIP INCLUDED)

ATTENTION ALL EMS PROVIDERS! YOUR OPPORTUNITY TO PICK UP SOME CE'S

We are proud to present the 5th Annual SE EMS Saturday Conference. The Agenda is set with a full day of training. The agenda is outlined below. **Formal CEH's have been applied for.**

NON-IEMSA MEMBERS registering for this conference you will receive a 1-year membership to IEMSA. Many benefits are included with this membership, such as discounted educational opportunities to pick up CE's (including at the Annual Conference in November), a free \$ 10,000 accidental or Line of Duty Death/Dismemberment insurance policy, weekly E-News, and a subscription to the IEMSA Newsletter-The Voice.

MORNING AGENDA:

7:30AM- 8:00AM	Registration
8:00AM- 8:05AM	Introduction Welcome —IEMSA Board Member
8:05AM- 8:55AM	Patient Assessment —Darrin Hayes
9:00AM- 9:50AM	ALICE —Chuck Gipson
9:50AM- 10:00AM	Break
10:05 AM- 10:55AM	Excited Delirium Part 1 —Chuck Gipson
11:00 AM- 11:50AM	Excited Delirium Part 2 —Chuck Gipson
11:50 AM- 12:50 PM	Lunch (on your own)

AFTERNOON AGENDA:

1:00PM 1:50PM	OB Emergencies —Rosemary Adam
2:00PM 2:50PM	Newborn Resuscitation —Rosemary Adam
2:50PM 3:00PM	Break
3:00PM 3:50PM	Pediatric Special Needs —Julie Scadden
4:00PM 4:50PM	Munchausen Syndrome by Proxy —Julie Scadden
4:50PM 5:00PM	Closing —IEMSA Board Member



To Register for this 1-Day Conference

COMPLETE THE ONLINE REGISTRATION FORM BY CLICKING [HERE](http://www.iemsa.net).

Payment must accompany all registration forms. **No refunds will be made on cancellations after January 5, 2014.**

Walk-in registrations are welcome--with payment by check. However, if you can, please register online--so we know to expect you. Just click the "[At the Door](#)" button on the payment page.

If you have any questions, please call our office at 515-225-8079. We look forward to seeing you on the 11th.



RECOGNIZING OUR OWN



EMS INDIVIDUAL CAREER

MIKE HARTMAN, Assistant Fire Chief of
Muscatine Fire Department

Mike began his career with Muscatine in 1994. He earned his EMT-PS, Bachelor of Arts in 1999, his Masters of Science in 2007, and Executive Fire Officer in 2012.

Mike is our second in command (Assistant Fire Chief) of Muscatine Fire Department, which is a fire-based EMS service running 5 ambulances and approximately 4,000 calls a yr.

Mike manages and oversees Ambulance Operations, serves as a member of Eastern Iowa Community College EMS Advisory Board, and actively participates as a liaison with local hospital, nursing homes, other emergency services, as well as our joint dispatch center. Mike began the development of the department's tactical medic program with the City's Police Department and also serves as a reserve County Sheriff Deputy and rescue diver. Mike has been instrumental in updating department policies, procedures, and regulations to



prepare for ambulance accreditation and also oversees technology implementation in the department. This includes MDC's, tablets, telemetry, camera systems, and PCR's. Mike is a go to guy for projects and is a mentor to younger staff members with the department. In addition to the above duties, Mike is a great asset to the community. He is a volunteer, an Eagle Scout and serves on the Muscatine County Conservation Board. I'm sure that I have left something out given all that Mike does for the City and Community of Muscatine. Please know that Mike is very deserving of the Career Individual of the Year Award.



EMS INDIVIDUAL VOLUNTEER

JEFF BURKE, Barnum Rescue

Jeff is one of those people that volunteer EMS providers strive to be like. Not only is he committed to excellence, but he has also been very active over his 34 years on Barnum's Fire and Rescue. On

October 2, 2012 Jeff was responding to a medical call. Upon getting ready to load the patient into a transporting ambulance, Jeff saw the Barnum fire truck rolling directly toward the rear of the ambulance. Jeff pushed the gurney carrying the patient out of the way, but was unable to move away himself. He was pinned between the fire truck and the ambulance, causing multiple fractures—both femurs, his tibia & fibula on his right side and his pelvis. Jeff saved the life of the patient whom he had pushed out of harm's way that day! After a year, Jeff is finished with most of the surgeries and physical therapy. He has a slight limp, but he thinks it helps his golf game.

Through all the hospitalization and therapy, Jeff has kept his sense of humor! His attitude is contagious. Although his fire career has ended due to this accident and he may never be able to help on a call again, he is trying to stay active in EMS. A person could have had regrets or been bitter due to the events, but not Jeff. Quite the contrary, he is quiet about the incident and continues to be the honorable person that he has always been. He is truly an inspiration to us! He has been named Fire Fighter of the year & Hero of the Heartland and is deserving of the IEMSA 2013 Volunteer EMS Provider of the Year.



—Continued on Next Page



INSTRUCTOR PART-TIME JAN BEACH-SICKELS

Taylor Co. Ambulance



"Although Jan would actually be deserving of several IEMSA award categories, I chose the Part Time Instructor of the Year.

Jan has taught in EMS for approximately 20 years. Her experience as an EMS instructor includes all levels of EMS as well as basic and advanced cardiac life support. As her immediate supervisor, I can attest to her dedication and willingness to go above and beyond what is expected of her. As a former student and as a friend I can say the same. Jan shows a true respect for the value of education and standard of our EMS system as a whole and has genuine interest for the well-being of her students. Jan has always been dependable and I know that I can count on her for advice, whether it be educational, medical or personal. She has helped develop numerous courses for the college and teaches at least one initial EMS course per year. Jan was essential in developing our Hybrid EMS course, is currently the lead instructor. She has been an integral part of the success of our Hybrid course and of our EMS program.

She truly has a caring nature about her, with compassion for her patients and a genuine passion for EMS. With integrity and passion, Jan is a true educator in the classroom and in life and is a true example of one who "practices what she preaches". I am proud to have her on my teaching staff, fortunate to have had her as my teacher, and honored to call her as my friend. I hope you consider Jan Beach-Sickels for the "IEMSA Part-Time Instructor of the Year Award."



DISPATCHER OF THE YEAR JESSICA PAULSEN

*Communications Officer,
Pocahontas County Sheriff's Office.*

Jessica works as a communications officer for the Pocahontas County Sheriff's Office and also serves with Pocahontas EMS as an EMT-I. While working at the comm center each dispatcher is responsible for all radio, phone, and in person communications. There is only one dispatcher working at any given time in our small rural county.



On February 25th of this year while working the afternoon shift Jessica took a 911 call requesting help from a motorist who was attempting to drive her niece who was in active labor to the hospital in Ft. Dodge. Jessica immediately instructed the driver to stop the car and gave her step by step instructions on how to prepare for imminent delivery. She dispatched both Rolfe and Pocahontas Ambulance Services and a deputy sheriff to the scene. Jessica continued to provide telephone instructions to the 911 caller and gave her and the patient reassurance.

Jessica arranges for a paramedic intercept prior to the arrival of the Pocahontas Ambulance knowing that they would soon have two patients. Rolfe Ambulance was unable to respond at that time of day due to staffing issues that we can all relate to.

As Pocahontas arrived and began their assessment of the situation the baby decided that it was time. EMT Ed Gross and his team mates brought this little girl into the world right there in the front seat of that car.

Jessica did an amazing job of providing calm information to all parties involved.

She has since helped to deliver a baby over the phone during a night shift, also in Rolfe, prior to EMS arrival.

The score: one Boy and One Girl.

Jessica deserves to be recognized, especially since there is not an EMD system in place at our county.



EMS SERVICE CAREER MITCHELL COUNTY EMS

Our little service has come a long way in 2 short years. In August of 2011 there was 1 FT paramedic that staffed 8a-4p and prn volunteers filled in the rest of the schedule. This is a hospital based service that serves all of Mitchell County with around 800 calls per year. There were problems with response times and not being able to get enough crews together to take ALS or BLS transfers out which resulted in the loss of substantial revenue. We now have 2 FT paramedics, 1 FT EMT, 7 prn paramedics, 2 prn AEMT's, 8 prn EMT's, and 4 prn drivers. This January we also implemented a paramedic response vehicle which is staffed 24/7 by a paramedic to reduce response times from over 10 minutes to just under 2 minutes. This has been a tremendous success for the communities we serve. The paramedic on call has the vehicle with him at all times and can go directly to the call with full ALS capabilities. We also bought uniforms for all employees to make a more professional appearance and for safety including high visibility OSHA endorsed parkas. We also bought some extrication gear to protect employees. There were problems with our antiquated paging system, which was housed at the hospital, not sending out the pages resulting in calls not being answered in a timely fashion. We partnered with the Mitchell County Sheriff and moved all dispatching to their 911 system and onto the updated fire frequency. We haven't had a missed page since. We bought handheld radios so we would have the ability to have 2 way communications instead of just a pager and are able to talk on them throughout the service area bolstering crew safety. This has helped re-build the relationships with local agencies.



We went from hand written paper patient reports to 3 Panasonic Tough Books allowing us to do electronic PCR's. We started doing online scheduling so staff could log on to check for shift availability and be able to sign up without having to drive down to the station. This has been especially helpful in recruiting out of town staff. We re-modeled the sleep room for those staff that have to stay at the station. We also have additional building re-modeling ongoing. We have stressed driver training and changed the policy, which requires all staff to attend CEVO and become more aware of the responsibility and dangers of emergency driving. We started using our 3 trucks on a rotational basis instead of just running one truck into the ground and leaving the others to just sit. We dramatically modernized our equipment adding CPAP, EZ I/O kits, a transport ventilator with CPAP, EMSAC Ped's kits, switched to the select collars from the 6 variety assortment, LP 15 with 12-lead transmission and etco2, a LP 12 with 12-lead and etco2, (our own hospital did not even have that), walkabout O2 tanks with built in regulators, and new disposable intubation roll up kits. We updated our protocol and medications including RSI and now have a provisional PS-CCP service. We added GPS to all the trucks as an additional tool to help navigate. Many thousands of dollars and time were put into rebuilding this service. Everyone that works here is dedicated to patient care and we now have monthly training to keep skills current. We also offer in house re-certification for all certificated except the NREMT refresher. This is a great place to work.

17



VOLUNTEER SERVICE OF THE YEAR --CLAY COUNTY FAIR EMS

EMS RESPONSE AT THE CLAY COUNTY FAIR— "THE WORLD'S GREATEST COUNTY FAIR"



The Clay County Fair in Spencer Iowa, known as the World's Greatest County Fair is held for nine days in the month of September. A perfect destination for the entire family, the Clay County Fair features world-class Grandstand entertainment, 7 stages of free entertainment, GoldStar Amusements on the Midway, over 525 commercial exhibits, and thousands of competitive displays including livestock, culinary, creative activities and agriculture.

The Clay County EMS Association's purpose is to provide Clay County Fair patrons with professionally qualified Emergency Medical Services in the case of an unexpected medical or traumatic emergency during their visit to the Clay County Fair. Each year the Clay County EMS Advisory Council reviews previous fair happenings and tries to improve for next year.

CLAY COUNTY

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In 2013, the EMS providers responded to 67 calls with 12 of them requiring an ambulance. The total attendance at the fair was approximately 334,575 people for the nine day event. Clay County expenses were \$2,360.64. For the fourth year in a row no violations were cited during the State Inspection. We had 27 providers who volunteered 1,380 hours of their time. This doesnot include the time of the EMS Coordinator. Staffing the EMS Response Trailer would be impossible without our volunteer friends from outside Clay County's geographic boundaries.

Some providers travel as far as 90 miles to volunteer their time at this annual event. We have several EMS Providers who volunteer each day from 7:30a.m to 11:00 p.m. each day of the fair and have been doing this for over 20 years.

The Clay County EMS Response Trailer was purchased by the Clay County Board of Supervisors to respond in the event of a disaster and is used each year for the Clay County Fair.

In addition, four golf cart ambulances are used for response on the fair grounds. Two are owned by Clay County EMS Association and two are owned by the Dickinson County EMS Association.

Each year the Clay County EMS Advisory Council appoints individuals to serve as leadership during the 9 days of the fair. These individuals are posted in the command center and are responsible for appointing teams of responders, dispatching, orientation, daily paperwork and audit of run reports. The EMS providers present themselves in a professional manner and dress appropriately in medic t-shirts. Calls are performed as a team approach. First team on scene provides patient care. The Clay County EMS Coordinator is responsible for purchasing necessary equipment, scheduling, resolving conflicts and has decision making authority.

There is definitely no argument that the EMS Response at the Clay County Fair is one of the many things that make it the World's Greatest County Fair.

2013

HALL OF FAME INDUCTEES :

MARLENE BOWERS :

Lyon County Ambulance

Marlene Bowers has been an EMT for 31years.

She is 71 years old and is still

practicing as an EMT with Lyon County Ambulance. In fact, she is the EMT on our squad of 14 that takes the most call out of all of us. She usually has around 300 hours or more of call every single month! She may not be mighty with muscle but she is a great EMT. She always has the patient's best interest in mind. She has served as President of the squad for several terms over her 31 years. Back in the day (much before my time), she was only one of two EMT's that we had staffed on the ambulance squad for day call. They were responsible for taking every single call every single day. Marlene has been to countless meetings in her time as an EMT. She never sits still and is always very willing to help any of us out when needed. She practically bends over backwards for a fellow EMT to help cover their call. Not only is she a very busy EMT she is also a mother to 4 adult children, has 21 grandchildren, and 6 great grandchildren. She has been happily married for 35 years. Marlene has been a member of the Rock Rapids City Council for 15 years and has played a vital role in many decisions that have improved the city of Rock Rapids. She takes time out of her own schedule to keep the downtown flowers all watered and looking nice. The list could go on and on I'm not sure when she plans to retire from EMS but this lady definitely deserves this award for her years of dedication.



JUDITH FRISCH,

Durant Volunteer Ambulance Service, Inc.

I am nominating Judith (Judy) Frisch for the Hall of Fame award because of her 38 years of dedicated service as a volunteer to the



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Durant Volunteer Ambulance Service (DVAS), her contributions to the community, and her effort to improve the emergency medical service (EMS) in Scott, Muscatine, and Cedar counties. Judy, a registered nurse, joined the DVAS in the fall of 1975 taking the EMT-A class to become certified as an EMT-A. She became a certified CPR instructor, then a CPR instructor-trainer, then a regional faculty member for the Eastern Iowa Community College District (EICCD), and currently is an active member of the Emergency Cardiovascular Committee (ECC) which promotes the American Heart Association's mission in Iowa.

Judy became an EMS instructor and evaluator after receiving her EMT-A certification then taught fall and spring EMT classes for EICCD, first responder classes, and continuing education classes for the DVAS and services in the surrounding communities. In the early 1980s Judy was instrumental in advancing the DVAS to the EMT-I level as she challenged and passed the EMT-I exams becoming the first DVAS member to be certified at that level. Judy along with the DVAS medical director organized and taught an EMT-I class to get the DVAS to an advanced level. Judy was also instrumental in getting the DVAS involved as a pilot service with the defibrillator study conducted by the University of Iowa which eventually allowed ambulances to carry and use defibrillators in the field.

When the county EMS associations were organized Judy volunteered to represent the DVAS in the Scott and Muscatine county associations. Since our community has parts of its locale in Scott, Muscatine, and Cedar counties we have 3 association meetings to attend whenever they meet. Judy has been very active in the Scott and Muscatine EMS associations rarely missing a meeting. She currently holds the office of treasurer in the Scott county EMS association.

Judy retired as an EMT-I in March of this year. She had both knees replaced in 2012 and found it more difficult to perform her skills with her new knees. Always having the best interests of her patients in mind she decided to retire since she felt she could no longer provide patients with her best care. Judy continues to assist the DVAS even though she does not work in the back of the ambulance as she continues to volunteer to drive whenever it is necessary. She also continues to teach CPR and first aid classes to people in Durant, the surrounding communities, and the Durant and Wilton schools to help them fulfill the "Healthy Kids Act" CPR graduation mandate.

After 38 years of volunteer service, missing numerous family gatherings, holidays, special events, and raising 3 fantastic children, it is with great pride that I nominate Judith Frisch for the Hall of Fame award.



RUSS PIEHL: *Hall of Fame (posthumous)-*

Russell "Russ" Piehl has devoted his life to helping others. On January 2nd, 2013 at the age of 48 he died in the line of duty in an Air Medical



Helicopter accident near Ventura, Iowa, doing what he loved, helping others. Russ had been involved in EMS in the state for the last 30 years. Russ began his career with the Denver Ambulance as a senior in high school. He worked at various ambulance services across the state of Iowa, also as the Director of EMS services for Algona. He later became the EMS Manager for training and education at North Iowa Area Community College. He was a current member of the Forest City Ambulance Service and Flight Paramedic for Mercy Air Med in Mason City. Russ had a passion for EMS and his role as a Paramedic in serving anyone that needed it. He also served on numerous boards and committees throughout his career, most recently serving as a board member for the Iowa EMS Association. He had a passion for the work the Iowa EMS Association was doing and their mission and thoroughly enjoyed his time in that capacity. Anyone who knew Russ knew he was an avid Packer fan and those that visited knew of his "Packer Room". They also knew of the quote he loved by Vince Lombardi, "The three most important things in life are God, family and the Green Bay Packers in that order". He had a contagious laugh that once you first heard it you would never forget who it came from. He had a great smile that was part of his ability to be able to easily connect with others and create various bonds, whether it was his family, friends or his patients. In his spare time Russ enjoyed spending time riding his Harley, boating and golfing and especially enjoyed spending time with his wife and children, as well as spoiling his grandchildren and being the best "Bumpa" there is. Russ is survived by his wife Melody Piehl; and children Courtney, Cassie, Brandon, Tricia, Kayla and Jesse; grandchildren Kaiden, Adrianna, and Zoe; brothers Gregg and his wife Vicki Piehl, Doug and his wife Colleen Piehl, and Bruce and his wife Betty Piehl; and numerous nieces, nephews and extended family members.

BOARD MEMBER NEWS



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> Dan Paulsen,
IEMSA NORTH CENTRAL Region Board Member

PAULSEN HELPS THE HURTING WHILE FIGHTING CANCER

20

POCAHONTAS - Dan Paulsen balances himself on his left leg, apparently with ease, as he climbs in and out of the ambulances lined up in a garage at Pocahontas Community Hospital.

Periodically checking out the vehicles and their equipment is a routine part of his job as an emergency medical service leader.

And he has no choice but to rely on his left leg, as he does that because he lost most of his right leg to cancer.

Paulsen has dedicated himself to improving pre-hospital emergency care throughout Pocahontas County while at the same time fighting his own illness.

Losing a leg, he said, made him a better supervisor. He said that since he can no longer routinely take care of patients, he's forced to concentrate on the training and resources needed to run an emergency medical service.

He added that enduring surgeries and other intensive treatment has given him a new level of compassion for patients.

"Being a consumer of health care, by default, makes you a better health care provider," he said.

Paulsen holds three jobs. He is the emergency medical service director for Pocahontas Community Hospital. He's also the Pocahontas County emergency medical service coordinator. And he's a medicolegal death investigator for the county medical examiner.

In his hospital capacity, he supervises 16 emergency medical technicians who operate three ambulances. Those EMTs, he said, are paid for each call they answer.

"I don't know a single EMT that got into the job for the money," Paulsen said.

He said he hopes someday to employ full-time paramedics who would provide the highest level of pre-hospital care.

In his county role, Paulsen helps to ensure that emergency medical units there are up-to-date on their training and are able to coordinate their activities. He works with ambulance squads in Laurens, Rolfe and Fonda, plus the Palmer Fire Department, which operates as an emergency medical first response unit, but doesn't have ambulances.

He's a member of the Iowa Department of Public Health's Bureau of Emergency Medical Service Quality Assurance, Standards and Protocol Subcommittee. He's also a member of the boards of directors of the Iowa Emergency Medical Service Association and the Northwestern Area Training Academy.

Paulsen joined the Nora Springs Volunteer Ambulance Service in Nora Springs, a town on the border of Cerro Gordo and Floyd counties, while he was still in high school. He said he was planning on a career in law enforcement when he was recruited to join the ambulance service. He was 17 when he started his EMT training. Paulsen soon found emergency medicine to be a better fit for him than law enforcement.

"I got a lot more satisfaction out of helping people this way," he said.

When he completed his training, he was given a pager so that he could be alerted for ambulance calls. The pager remained silent for what seemed like weeks, Paulsen recalled.

"I swore that pager didn't work," he said. *"Then one morning at 15 minutes after three it went off and I about hit the ceiling."*

That morning, the ambulance crew was called to transport a nursing home resident with a fever to a hospital in Mason City. It was the first response of Paulsen's career.

He worked for Mary Greeley Medical Center in Ames for 13 years. He also increased his level of training to the emergency medical technician (intermediate) level. In 1996, he started teaching EMT classes.



PAULSEN (continued)

He began working in Pocahontas in April 2007.

The following year, a malignant tumor was discovered in the cartilage of his right ankle. Part of his right leg had to be amputated, and he was fitted with a prosthesis.

That, he said, slowed him down and led him to focus more on management skills.

Paulsen said that transition became very apparent when he responded about four years ago to help a man who had fallen about 48 feet at the Havelock elevator and landed on concrete in a cellar. Paulsen said he knew he would get in the way if he climbed down into the cellar, so he directed the rescue operation. He secured a crane to hoist the man out of the cellar and directed volunteer firefighters in setting up a landing zone for a medical helicopter.

After the man was on his way to a hospital, Paulsen apologized to his crew for not climbing into the cellar and helping to treat the patient.

"They said, 'No, we needed you up there getting everything else done,'" he said.

Last year, Paulsen had to have most of the rest of his right leg amputated. He had a prosthesis with a hydraulic knee, but it didn't fit him well. He now gets around the hospital and anywhere else he needs to be in a wheelchair.

For Paulsen, ambulances are a hobby as well as a key component of his job. He once owned a 1976 Cadillac ambulance and he's now trying to find out what happened to a 1971 Oldsmobile ambulance formerly owned by Pocahontas Community Hospital.

His wife, Jessica, is also in the business of helping others. She's a dispatcher for the Pocahontas County Sheriff's department and was recently named Dispatcher of the Year by the Iowa Emergency Medical Service Association.

The Paulsens have three children.

A special thanks to the Messenger News for recognizing one of our own. It's great to see our hardworking volunteers positively spotlighted!

http://www.messengernews.net/page/content_detail/id/571564/Paulsen-helps-the-hurting.html



Mark Sachen, IEMSA NORTH CENTRAL Region Board Member



Volunteers For: Nora Springs
Volunteer ambulance Service

Works at: Kraft Foods, Inc.-Mason City

Home: (641) 424-2542

Cell: (641) 512-4078

Work: (641) 421-2900 Ext. 4137

E-mail: msachen@mchsi.com

Mark has been involved in EMS since 2001. He currently serves as an EMT with the Nora Springs Volunteer Ambulance Service. Mark also serves as their Deputy Service Director and is a member of their service's Board of Directors. He is co-director for the Kraft Foods Rescue Squad at Kraft Food's Mason City facility. Mark became an EMS educator in 2007 and currently serves as an adjunct instructor with North Iowa Area Community College's EMS Division. As a BLS Instructor, Mark also serves as Training Center Faculty for NIACC's AHA Training Center. Mark is a member of IEMSA and a member of the North Central Iowa EMS Association.



Jeff Eastman, IEMSA NORTH CENTRAL Region Board Member



Firefighter / Critical Care Paramedic

Mason City Fire Department

jdeastman1978@hotmail.com

515-293-2075 (Cell)

My name is Jeff Eastman. I am a career Firefighter and Critical Care Paramedic for the Mason City Fire Department, where I have been for almost 3 years. Before that time, I was an EMT and/or Paramedic for TRMC in Fort Dodge, and the Clear Lake Fire Department. My work experience prior to EMS consisted of 10 years in factory work. I also enjoy helping with teaching EMS classes for NIACC.

I have a Bachelor's of Science in Fire Science Administration from Waldorf College in Forest City, and an Associate's of Arts in Liberal Arts from NIACC in Mason City. I am currently working on a Master's Degree in Public Administration (MPA) from Villanova University in Pennsylvania.

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JEFF EASTMAN (continued)

When not at work or at school, I am married and a father of 5 children, ages 11 months to 18 years... 3 girls and 2 boys. All of my children have an active interest in music (yes, even the baby), and I enjoy attending their band concerts and recitals.

I am thankful for the providers here in the North Central Region for choosing me to help represent them to IEMSA, and grateful to the Board for the warm reception I received last Thursday at the conference. I look forward to working with you all.



Cherri Lynch-Fuehring,
IEMSA SOUTH WEST Region Board Member

Cherri Lynch-Fuehring filled Retired Board Member Rod Robinson's open seat in the South West Region.



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Council Bluffs, Iowa 51503
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Work - 712-325-3446
Email address : clynch@iwcc.edu

I currently live in Lincoln, Nebraska after marrying a construction company owner in Lincoln about 1.5 years ago. (We drew straws to see who was going to move and who was going to do the driving to work... I lost!) Together my husband, Russ, and I have 4 children and grandbaby #6 on the way. We love to fish, camp and spend time outdoors, especially if we can borrow one of the grand kids to go along with us.

After starting my EMS career in the late 1990s, I quickly fell in love with the EMS world. Previously I had been a mom, truck driver, home-school teacher, cosmetologist, and day-care owner, so this was a huge change. I completed my paramedic education in 1998 and worked the next 9 years in Crawford County as a field paramedic and also volunteering in my little hometown of Panama. While in Denison, I helped create and offer an EMS Conference that is still in existence today. Working with a hospital-based service I enjoyed working both in the ER and on the squad...and I very much enjoyed the ability to follow my patients along their treatment path. I learned so much from the doctors and specialists.

When my mother in Colorado became terminally ill, I made the decision to move to Colorado and care for her. During the 2 years spent there, I worked with an EMS Training company traveling all over the state offering a wide variety of courses and teaching initial EMT & Paramedic courses through Mesa State University. My love for teaching blossomed there, so when I returned to Iowa I was very blessed to find a home at IWCC. Today, I enjoy keeping up with the newest trends in emergency medicine and incorporating those in to the educational process of our students. I am also in the process of returning to the field with a volunteer service in Lincoln..... I miss the patient contact!



**Thank-you for Your Service to EMS
Across Iowa!**

Rod Robinson
Shelby Fire & Rescue

Rod was the South West Region Board Member for so many many years when tried to figure out how many years we couldn't

count. Your service was dedicated and generous of time, mind and wisdom.

Rod served as Committee Chair for many, many years and saw our conference move from the Marriott Hotel ball-room to the Polk County Convention Center--and most recently to the new Iowa Events Center. His years of experience in the registration area have been a valuable resource to our conference success.

Rod has agreed to stay active by volunteering to be the IEMSA Representative to the new DMAT Advisory Group. Thank you for your both the years of time and resources you gave to your fellow members and EMS providers across the state and for your continued efforts on this Advisory Group.

Thanks again Rod! We'll miss you.





THANK-YOU—CONTINUED

Thomas Craighton Franklin County EMA Coordinator

Thomas also served his fellow EMS Providers as Board Member and Legislative Chair for IEMSA for many, many years. He dedicated many, many miles behind the wheel traveling back and forth between the captiol building and his home, talking to anyone in the house that would listen. He was your voice on the hill for many, many years and brought us all the way to where we are today--as outlined in detail in the legislative update article.



Thank you for your generous, always passionate and dedicated service to our professional community. Your impact has had a long lasting ripple effect. We wish you well in your new endeavors as the EMA Coordinator for Franklin County. They are lucky to have you.



John Hill Past President IEMSA 2007-2010

John served two terms as our president and 1 1/2 terms as Immediate-past president. John had to resign his position this year when his family took him out of state. We appreciate his many years of service, and his continued support by traveling back to Iowa to help with the Annual Conference this year in November.

23



uh-oh! Peds!

CONFERENCE

EMS TRAINING TO CARE FOR LITTLE BODIES

FEBRUARY 22, 2014

AT THE HOLIDAY INN • CORALVILLE, IOWA

PRESENTING:

- > Peds Trauma—Dr. Christopher Buresh
- > Kids in the Rigs—Katrina Altenhofen
- > IPOST—Katrina Altenhofen
- > Pediatric Respiratory Emergencies—Heather Elmore
- > Case Studies in PEDS Transports—Rosie Adam
- > Peds Trauma Related to ATV's—Dr. Jennison
- > and more!



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Principals of DOCUMENTATION

“What We Have Here is a Failure to Communicate”

—Cool Hand Luke, 1967

BY JIM STEFFEN, PARAMEDIC INSTRUCTOR,
SOUTHEASTERN COMMUNITY COLLEGE



DOCUMENTATION:

Communication is the imparting or exchanging of information or news. The real purpose of communication is to allow for the free exchange of information between two or more parties. Communication consists of multiple parts. First, a sender encodes a message for delivery. The sender must speak, write, or otherwise interpret the message into a format that can be understood by the receiver. That must then be decoded by the recipient, ideally receiving the same message the sender wished to portray. The recipient then sends information back to the original sender, in the form of feedback.

Obviously, most medical documentation takes the form of written communication. Your patient care report (PCR) directly impacts the perception of your patient care. A well-written and neat PCR that completely reflects the events of the patient encounter is more likely to give the perception of an adequate assessment and good patient care. A sloppy patient care report with multiple spelling and grammatical errors will relay the perception of a sloppy EMT or Paramedic. The PCR is the only true factual representation of the events that took place on your call. Your recollections and the recollections of other responders will play a role in any subsequent legal issues, but the written documentation submitted at the conclusion of the call will be the most reliable evidence of care rendered.

USES FOR DOCUMENTATION

Continuance of Care:

Perhaps the most important use of the written prehospital report is to assist subsequent caregivers in the furtherance of emergency and follow up care to the patient. For example, your documentation of vital signs will give hospital caregivers a trending of patient condition, either improving or deteriorating. Your documentation of the mechanism of injury will speak for the attending paramedic even after they have left the receiving facility. The accurate documentation of patient home medications will allow for a more complete medication reconciliation that must be done after the

admission of the patient. EMS providers have a unique perspective on the history of the patient event, and that perspective is best documented in the written PCR.

Quality Control and Improvement:

EMS administrators can use the accurate documentation of response times to better position and staff ambulances to meet the needs of the community. Departmental Quality Control personnel will use the PCR to ensure adherence to protocols and procedures, and adjust those protocols to better reflect changing science, patient needs, and service capabilities.

Billing:

As these words are typed, EMS administrators and billing specialists are imploring EMS providers across Iowa to read this paragraph carefully and completely. Centers for Medicare/Medicaid Services or CMS, the governmental program responsible for health insurance for a significant percentage of EMS revenue, will only pay for ambulance transport if certain criteria are met. **These include:**

- > The service is medically reasonable and necessary
- > A beneficiary is transported
- > The destination is local
- > The facility is appropriate

CMS will only reimburse ambulance agencies for transport services when the patient's condition contradicts the use of any other means of transport. If the patient could be transported by other means, such as private car or wheelchair van, that transport is not considered to be medically



The PCR is the only true factual representation of the events that took place on your call.



>>> CONTINUED ON PAGE 25

necessary, even if that method of transport is unavailable. Your documentation must reflect the condition that required transport by ambulance. Without this documentation, the ambulance transport will be denied payment, resulting in loss of revenue for the service.

Simply documenting the patient is “bed confined” is not sufficient to ensure payment from CMS for ambulance transport. The reason the patient is bed confined must also be documented.

As a general rule, Medicare will only reimburse mileage to the closest appropriate facility. If a patient must be transported to a facility other than the closest facility, your documentation must factually represent the reason for the longer transport. For instance, if your patient is suffering from a STEMI, and your service protocol dictates a transport to a PCI center, then that documentation would be necessary for reimbursement.

Without the appropriate documentation, most payers will deny reimbursement for ambulance claims. With that denial comes the loss of revenue and the inability to provide additional or expanded services. With a paid service, the livelihood of the paramedics and EMT’s depend on required documentation being completed for all transported patients.

Research:

In Iowa, information from all patient contacts must be submitted to the Bureau of EMS for the purposes of data collection and research. This data must be electronically submitted in a format approved by the Bureau of EMS. Frequently, this data submission comes via the completion of an electronic patient care report.

After submission of the data, the information is available to researchers for a number of purposes. Current research includes studies on the care and transport of stroke victims and research into Iowa trauma care.

Quarterly, the data submitted to the state is uploaded to the national data warehouse, or National EMS Information System (NEMSIS). Currently 40 states are actively submitted data to NEMSIS, with the other states expected to come online relatively soon. NEMSIS has made available a searchable data cube that has a two year rolling dataset available. Currently, this dataset contains information on over

45 million patient contacts! The dataset is not searchable by state, but it is searchable by region. Information is available on most commonly used medications and treatments given, as well as information on response times and procedure success rates. The data cube is easy to use and an instruction manual is included on the website, <http://nemsis.org/reportingTools/reports/nationalReports/createAReport.html>

Legal:

Your PCR will play a vital role if any legal issues should arise as a result of your patient contact. The PCR becomes a part of the patient’s permanent medical record and is viewed as the most reliable record of the events that occurred on your call. The EMT should document with the understanding that every PCR may eventually be the subject of a court case. Avoid subjective comments such as, “the patient was drunk and obnoxious”. Objective statements like “the patient admits to alcohol use and is uncooperative to care” would be more appropriate.

If you make an error in your documentation, it should never be erased or completely made illegible. This could be viewed as attempting to cover up errors in treatment. Simply draw one line through the incorrect passage, then document the correct information.

HALLMARKS OF A GOOD PATIENT REPORT:

- **The good PCR is complete and accurate.** All pertinent findings from your patient encounter are included in the documentation and are accurately recorded. No boxes should be left completely blank. If they do not apply to the patient encounter, they should be marked as non-applicable or have a line drawn through the box.
- **The good PCR is legible.** With the advent of electronic communications, legible writing has become a lost art. If a PCR is done pen on paper, it should be printed and not written. Documentation should be in ink and not pencil. If carbon copies are used, make sure you press hard enough to record your documentation on all copies.
- **The good PCR is timely.** Your PCR should be completed as soon as possible upon the completion of your call. A contemporaneous document is more defensible in a legal environment and is more likely to be complete and accurate.
- **The good PCR is professional.** Write the PCR as if a member of the patient’s family will view the documentation. Avoid jargon and subjective statements. Do not include slang or irrelevant opinions.

>>> CONTINUED ON **PAGE 26**

PRINCIPALS OF DOCUMENTATION

>>> CONTINUED FROM **PAGE 25**

If at a later time the paramedic decides that additional documentation is necessary or facts were omitted from the original PCR, the attending paramedic should complete an addendum, or addition to the original report. This addendum should be attached to the original report and should include the date and time that it was written, the reason it was written, and the pertinent information. Whenever possible, the original report should be reviewed for completeness and accuracy before submission.

Narrative writing:

The heart of a good PCR is a well written narrative that accurately describes the patient encounter and documents all aspects of the call for future reference. When documenting, use a format system that clues you in to documenting all important information. Use that format on every call, event routine patient transports. Using the format on every call will ensure that you develop a “mental muscle memory” that will help prevent critical documentation omissions on more critical calls. Two more common documentation formats include the CHART and SOAP formats.

SOAP format.

- > **Subjective:** Information in this section includes the chief complaint, history of present illness, past history and review of systems.
- > **Objective:** The objective findings from your call. Includes vital signs, the general impression, physical exam, and other diagnostic test you have performed.
- > **Assessment:** Your field diagnosis.
- > **Plan:** Orders received, interventions performed, how the patient was transported and your ongoing assessment.

CHART format:

- > **Chief Complaint**
- > **History:** History of present illness/mechanism of injury, past history, and review of systems.
- > **Assessment:** The results of your patient assessment including the results of any diagnostic tests performed.
- > **Rx:** Orders received from medical control or standing orders used for treatment.
- > **Transport:** Mode of transport and the results of your ongoing assessment.



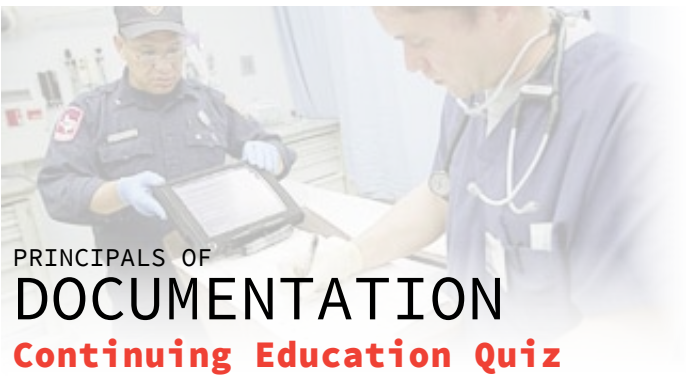
Many other formats exist for the completion of the narrative. The ultimate format the provider uses will be decided by the individual provider or their medical director. Ensure that your documentation is complete and accurate to the best of your knowledge.

Patient Refusals:

One type of patient encounter that requires special types of documentation include the patient who refuses treatment or transport. In order for the patient to refuse care, they must be competent, they must be informed of and understand the consequences of refusing care, they must be informed that EMS will be available if they choose to have care given at a later time, and they must be informed of other options to receive medical care.

All of these items must be documented in your patient care report. An adequate assessment, ensuring the patient understands the treatment that can be provided, and ensuring the patient understands the consequences of refusal are necessary in order to obtain a valid patient refusal. Your documentation must reflect these points.

SUMMARY: Your patient care documentation is a critical part of the patient contact. Your description of the patient situation, treatment rendered, and transport given will be available for review long after the call is finished. Your PCR is the only permanent record of that patient contact.



PRINCIPALS OF DOCUMENTATION

Continuing Education Quiz

IEMSA members can earn 1 hour (1CEH) of optional continuing education credit by taking this informal continuing education quiz. You must answer questions 1 through 10, and achieve at least an 80% score.

Deadline: March 31, 2014

Complete this Quiz and:

- **mail to** 5550 WILD ROSE LANE, STE. 400
WEST DES MOINES, IA 50266
- **fax to** (877) 478-0926
- **or email to** administration@iemsa.net

1. The best time to complete your documentation is:

- a) While at the patient side
- b) When you return to your base
- c) Before the end of your shift
- d) As soon as possible after your call is complete

2. A signature on the refusal of transport form is all that is required to adequately document a patient's refusal of service.

- a) True
- b) False

3. All of the following should be granted access to your PCR except:

- a) The receiving hospital emergency department nurse
- b) The adult patient's father
- c) Your department's QI person
- d) A police officer who suspects a crime has been committed

4. Using the SOAP narrative documentation template, which section would include medications administered to the patient by the paramedic?

- a) S
- b) O
- c) A
- d) P

5. Using the CHART narrative documentation template, which section would include the chief complaint?

- a) C
- b) A
- c) R
- d) T

6. Which of the following is a hallmark of a good PCR?

- a) The PCR is printed or typed
- b) The PCR is written in cursive
- c) The PCR contains subjective information
- d) The PCR contains slang not quoted by the patient

7. All of the following are required elements for reimbursement by CMS except:

- a) The transport must be medically necessary
- b) The patient must be a beneficiary
- c) The transport must be reasonable
- d) The patient must be bed confined before and after transport

8. Your PCR is legally viewed as the most reliable record of events that occurred on the call.

- a) True
- b) False

9. To correct an error of documentation, you should completely erase the erroneous information, and then document the correct information.

- a) True
- b) False

10. Two days after completion of the call, the paramedic remembers that she applied supplemental oxygen to the patient but did not document that information on the PCR. Which statement best describes how the paramedic should complete the documentation?

- a) Add another sentence at the bottom of the PCR report
- b) A separate document called an addendum should be added to the report that includes the date, time, and purpose of the additional documentation.
- c) Once the documentation is finished, no additional information can be added
- d) The report must be completely rewritten.

NOT A MEMBER? But would like to earn this CE. Join our Voice for positive change in EMS by joining IEMSA today. Visit www.iemsa.net, go to our membership page and apply online today – **just \$30/year.**



EMS BUREAU UPDATE

BY REBECCA CURTISS: IDPH—INTERIM EMS BUREAU CHIEF



> THE IOWA DEPARTMENT OF PUBLIC HEALTH (IDPH) HAS RECENTLY RELEASED A STRATEGIC AND OPERATIONAL PLAN FOR THE DEPARTMENT TO IMPLEMENT SPECIFIC VALUES AND KEY STRATEGIC PRIORITIES:

- > Strengthening our core services;
- > Ensuring adequate funding for these core services;
- > Aligning people with skills sets
- > Effective management, analysis and communication of data, and
- > Cultivate a culture of quality improvement and lean processes.

In view of the strategic plan, organizational changes have been implemented affecting the Bureau of EMS. Previously, the Bureau of EMS was under the Division of Acute Disease Prevention and Emergency Response (ADPER). ADPER and the Environmental Health (EH) division have been merged; with Ken Sharp is the division director of this combined division. Due to the alignment of staff expertise between EMS and the Center for Disaster Operations and Response (CDOR), Rebecca Curtiss is serving as the interim bureau chief for EMS/Trauma in addition to her role as CDOR Bureau Chief. The Department continues to explore commonalities between the bureaus and will advance efforts to provide additional resources to the important work on EMS and Trauma in Iowa.

Ken and Rebecca have set out to build relationships and become acquainted with key partners from the EMS and Trauma Systems. They attended a Town Hall gathering hosted by Representative Bobby Kauffman in Tipton, Iowa and have met with and IEMSA leadership to discuss concerns and solutions. The EMS Bureau has already initiated efforts in response to these meetings:

- > **An EMS Provider Recertification and Reinstatement Procedure** has been written and posted to the IDPH EMS bureau website.
- > **Updates to the Website, particularly the disciplinary actions pages are underway.** Future website enhancements will be influenced by input from IEMSA and EMSAC as well as others.

- > **The IDPH EMS Bureau has been made aware of communication deficits and will work at making important announcements through multiple communication channels.** The IDPH Bureau of EMS will continue to work alongside IEMSA on these and other projects.

IDPH and IEMSA leadership, along with many other partners presented information to the Iowa Legislature's Emergency Medical Service Study Committee on November 6-7, 2013. The charge of the committee was to research the current status of Iowa's emergency medical services (EMS) and make recommendations to ensure the future availability of EMS statewide. A summary of this meeting can be found here: <https://www.legis.iowa.gov/Schedules/committee.aspx?GA=85&CID=929>

The IDPH EMS Bureau is in the final stages of updating the System Registry. These enhancements will allow ePayments for re-certification, the provider to print certifications directly from the web site, and improve security of provider information. The System Registry enhancements are scheduled to be completed the second week in January, and educational webinar sessions are being scheduled. These sessions will be recorded and posted to the EMS Bureau website.

Finally, the EMS Bureau is responsible for the statewide EMS and Trauma Registries. These data systems provide critical information in assessing and improving Iowa's EMS and Trauma Systems. However, both software systems are aged and in need of significant upgrades or replacement. In response to this concern, IDPH has submitted a legislative budget request to replace these systems. In addition, a budget request has been submitted to host a facilitation team from the American College of Surgeons. This team would assess Iowa's trauma system and identify areas with the greatest need for improvement. The new legislative session begins in a few short weeks.

The EMS Bureau will continue to provide updates through this publication and through the bureau website <http://www.idph.state.ia.us/ems/>

SPOTLIGHT ON SECC TRAINING

> THE SOUTHEASTERN COMMUNITY COLLEGE EMS PROGRAM is a comprehensive, nationally accredited program in Southeast Iowa that offers all levels of EMS education. The EMS department is part of the SCC Emergency Response Programs that also includes an the option to obtain an AAS in Fire Science. Local departments and industry often participate in EMR classes held at fire departments and businesses and on campus classes are provided for students interested in EMT, AEMT and Paramedic.

EMT classes are offered every August and January in both day and evening format, and Advanced EMT is held in the evenings starting in January. Each August, a new Paramedic class starts and ends the next July. The paramedic program is taught by a full time teacher with more than twenty years of experience in EMS, both in the field and teaching. An adjunct clinical instructor spends time in the clinical sites with the students to enhance the learning process. All adjunct faculty have been working in EMS and most have a bachelor's degree.

SCC offers both EMS courses as single courses as well as an Associate's of Applied Science – Paramedic degree. To complete an AAS degree, students take additional general education classes that can be completed face to face or online to complement the EMS classes.

SCC is currently finishing a new simulation room next to the classroom that will include a new Sim Man. Two other high fidelity simulation manikins are housed at other sites.



STAND UP EMS DAY ON THE HILL LIVES AND LEADERSHIP CONFERENCE

THURSDAY, JANUARY 30, 2014



EMS DAY ON THE HILL EVENT ONLY

(CLICK TO RESERVE A SEAT ON THE BUS) :

FREE - Ride the bus to Capitol Hill with us.

LEADERSHIP CONFERENCE REGISTRATION

(CLICK TO REGISTER NOW) :

\$70 for IEMSA Members

\$80 for Non-Members

LOCATION: Drury Inn, 5505 Mills Civic Parkway,
West Des Moines, IA 50266 -
Click to [Reserve a Room Now!](#)

AGENDA FOR THE DAY—

EMS DAY ON THE HILL EVENT:

06:30 **All Aboard!** Bus leaves the Drury Inn Parking Lot to meet at Capitol at 0700 in the Rotunda 2nd Floor

You DO NOT need to attend the leadership conference to join us on the bus for the EMS Day on the Hill Event--[click here to register for the bus only](#).

07:00-09:00 **WE'RE ON THE HILL of course!**
—It's EMS Day on the Hill!

LEADERSHIP CONFERENCE:

- 09:30-10:00 **Leadership Conference Registration** (beverages provided)
- 10:00-10:50 **IDPH Bureau of EMS Update** —Rebecca Curtiss IDPH-CDOR
- 11:00-12:00 **Community Paramedicine: An Overview**
Rebecca Curtiss IDPH-CDOR
- 12:00-13:00 Lunch (provided)
- 13:00-15:00 **Ambulance Billing & Reimbursement Outlook for 2014**
—Michele Smith, CHBME
- 15:00-16:00 **Lobbying and Advocacy**
—Michael Triplett, Iowa EMS Association Lobbyist

A BLOCK OF ROOMS is all set at The Drury Inn for **JUST \$89.99** (plus 12% tax).

RESERVE a ROOM in our BLOCK at this link--[Click here to make your hotel reservation today!](#) **OR Call (515) 457-9500 by January 13th to reserve a room at this price.** Ask for the Iowa EMS Association Block. Includes FREE HOT QUIKSTART® Breakfast, FREE 5:30 KICKBACK® - From 5:30-7:00 pm each evening enjoy menu of free hot food and cold beverages, free wi-fi and more....

REGISTER ONLINE NOW--CLICK HERE! [OR VISIT IEMSA.NET](#). Payment must accompany the registration form. You can pay securely by credit card or you can register online and send a check!

