

# The Lancaster EMS Monitor

*Seventh Issue, Summer 2009*

## Inside this Issue:

Lancaster EMS Education	1, 2
Letter from the Editor	3
DNR Article	4, 5
Updated EMS Law	6
SMRT Team	7
Crossword Puzzle.	8, 9
Employee Spotlights	10, 11
Ambulance Billing	
Relay For Life	12
Faces of Lancaster EMS	13
Self Motivation	14

## Lancaster EMS Education Shows Progress

**By Vickie Horan, BA NREMT-P**

**Administrative EMS Program Director**

It has certainly been a busy and exciting year for Lancaster EMS! From an education standpoint, we have accomplished several milestones: Our Training Center recertification for the American Heart Association, which is reviewed by the AHA once every three years, was approved; the Lancaster EMS Academy/Lancaster

General College of Nursing & Health Sciences passed the three-year re-accreditation process through the Department of Health with flying colors; Tom Shaw's last EMT class graduated 18 students who had a 100% success rate for the practical and written State examinations.

One last giant hurdle will be the CoAEMSP (Committee on Accreditation of Educational Programs for the EMS Professions) application process, which will subsequently recognize the LGCNHS/Lancaster EMS

paramedic program as having satisfactorily met the requirements of CAAHEP (the Commission on Accreditation of Allied Health Education Programs). This accreditation is now required of all paramedic programs, and must be completed by 2012. More information about this process will be forthcoming, since part of the accreditation includes interviews with present and previous students and preceptors, along with site visits and classroom evaluations. If you are interested in learning more on your own, please check out these web sites:

<http://www.caahep.org> and <http://www.coaemsp.org> .

*Continued on page 2*



**Spring 2009 EMT graduating class**



## Newsletter Staff:

**Mandie Martz**

Editor in Chief

Design/Layout

**Sandy McMinn**

Copy Editor

**C. Robert May**

Executive Director



## Education continued

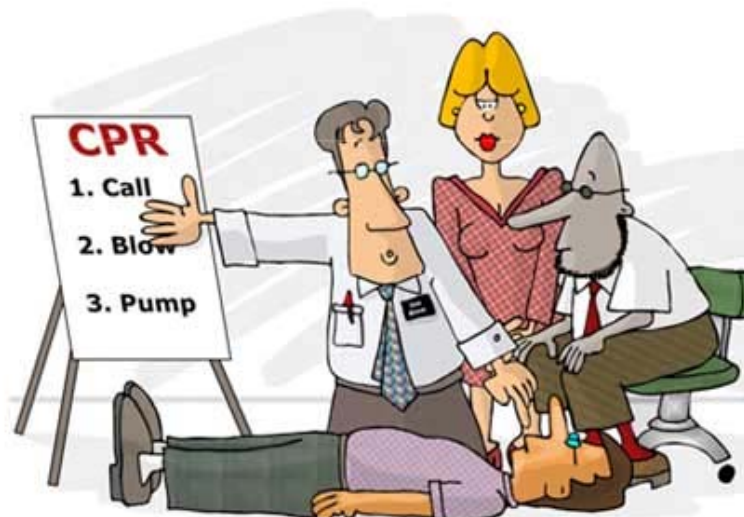
Speaking of time.....I will admit that the summers seem to get shorter and shorter every year. No one is more aware of this phenomenon than the paramedic students who will be finishing up their year-long education in December. I extend a heartfelt thank you to both the EMT and paramedic preceptors who have made mentoring an art form – picture a clinical acrobat riding a unicycle down tightrope of protocols, juggling trip sheets, angios, and medications, while blindfolded above the circus floor. (Did I forget to mention without a net?) You are all truly amazing, and the students are a direct reflection of your dedication to our profession.

We begin a new EMT class on September 3, 2009 with 33 students. Nearly half the class is comprised of F&M students who hope to become part of F&M's on-site Diplomat EMS quick response team. Also in the upcoming class are two mother-and-son duos. We have quite a standard to meet now that Tom has set the bar at 100%, but we in EMS are always up for a challenge. A new paramedic class will start in January 2010. Applications for scholarships are being accepted! Why not let the company pay your way? Check out the Con-Ed web site on the intranet for more information.



Finally, there are only three more Annual Reviews left. These are mandatory for EMTs and paramedics, and are listed on the intranet under the Con-Ed web site. Also, while you are there, check out the Picture Pages – a collection of pictures of your coworkers engaged in educational standbys. If you are interested in becoming part of the Education Committee, please let me know! We are always looking for individuals interested in taking on educational projects. The committee meeting notes are also posted on the intranet, and I will be scheduling a committee meeting in September. There are many opportunities, so don't be shy!

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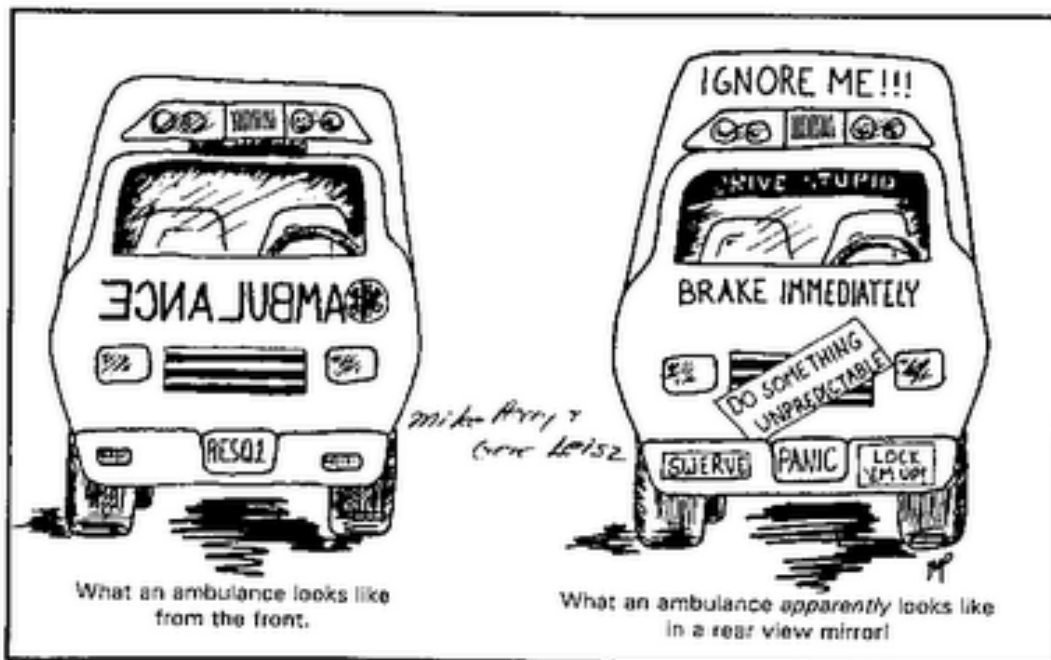
# Letter from the Editor

By Mandie Martz, BA, EMTB

Welcome to the 7<sup>th</sup> edition of The Monitor. As the new editor, I wanted to take some time to comment on the current state of the union, so to say, or the “status quo”. It’s been a very trying time these past few months for Lancaster EMS. The union vote put quite a strain on everyone involved and emotions were running wild for a while. On top of that we are all in some way dealing with the steady economic decline and the stresses that come out of it. I have to say though, that the Lancaster EMS family has weathered the storm and I think we will come out stronger because of it. I say Lancaster EMS



“family” because, in the midst of the squall, I was experiencing some personal storms myself, and I was quite moved by the support I received from my family here at Lancaster EMS, from the upper management down through every coworker I encountered. Despite all the disparity and turmoil, I found that people reached out in any way they could to lend a helping hand. This is what family is all about; we argue, we have differing opinions, and we get very emotional about it because we are always emotional in regards to things that we really care about. We don’t get so worked up about things that we don’t really care about. It is quite obvious that there is a significant group of employees here that are very invested in this company and are willing to work for the betterment of it. If anything has come out of these recent events, it has been the resolve to improve and work with each other to strengthen this organization. And, hopefully, we have gained insight on how to adapt, work and live with people who, although their beliefs may not reflect our own, all want the same thing in the end... a better environment for our organization (our family), to grow.





# Do or Do Not Resuscitate?

By Mandie Martz

You are called to the home of a hospice patient who can no longer be cared for by his family. When you arrive, a hospice nurse on scene informs you that the patient has a Do Not Resuscitate, (DNR), order. However, you see no bracelet on the patient, and the nurse does not have the DNR papers with her. The patient is having difficulty breathing, is in pain, and wants to be transported to a hospital for comfort measures. What happens if this patient stops breathing en route to the hospital?



It happens more often than we would like; patients are transported from hospital to hospice, from hospital to home, or even from home to hospital, without real clear evidence of a DNR. The family may express the patient’s wishes, but, without documentation, what can we do, (or not do)? I hear these kinds of questions all the time: What happens if, on a routine hospice transport, my patient stops breathing and becomes pulseless? What if I am en route to the patient’s home when this happens, with the family following behind? What if the family changes their mind about the DNR status of the pt.? If you do not see an out-of-hospital DNR bracelet, you should contact medical command. In fact, the Out-of-Hospital Nonresuscitation Law (passed in 2006), requires EMS personnel to contact the medical command physician and then requires us to comply with the instructions of the medical command physician in these situations where there is uncertainty regarding an out-of-hospital nonresuscitation (DNR) order. See 20 Pa.C.S. § 5487. Note that the current BLS Protocols (#324) also requires EMS personnel to initiate resuscitative efforts while contacting the medical command physician.

According to the Pennsylvania Out-of-Hospital Nonresuscitation Law, “Emergency medical services providers are authorized to and shall comply with an [out-of-hospital DNR] order if made aware of the order by examining a bracelet, a necklace or the order itself” 20 Pa.C.S. § 5487(b)(1). To be certain, please see the photos above and to the



left, which illustrate an official DNR bracelet and card. This is the official bracelet that signifies an out-of-hospital DNR. You may see the plastic wrist bands in purple, or other colors, on the wrists of patients coming out of a hospital with “DNR” printed on them. These are hospital DNR bracelets and cannot be substituted for an **out-of-hospital** DNR bracelet. Another important fact to remember is that orders, necklaces and

bracelets from other states are considered valid in Pennsylvania if they are consistent with the laws of the Commonwealth. 20 Pa.C.S. § 5487(d). The current statewide BLS Protocols for Out-of-Hospital DNR Orders indicate that out-of-state DNR orders should be treated as



## DNR Law *continued*

any questionable situation (since we have no way of knowing which states' out-of-hospital DNR laws are consistent with ours) and EMS personnel should begin resuscitation on the patient and contact the medical command physician for further instructions. See Pennsylvania Statewide BLS Protocol #324. This is something that the Department of Health is continuing to review.

As EMS providers, we want to give the best patient care as well as attend to the patients', and their families', wishes. It is a PA law, however, that if there is any uncertainty at all, an EMS provider *must* initiate CPR and immediately contact the medical command physician for instruction. If, after CPR has already been initiated, an EMS practitioner is provided with a DNR order which appears valid, the provider should discontinue CPR. But **do take note** that Pennsylvania law was recently changed to allow for the discontinuation of resuscitative efforts by EMS personnel, when upon arrival, CPR has already been initiated by others on scene and an EMS practitioner finds that an out-of-hospital DNR is effective and appears valid. See 20 Pa.C.S. § 5487(b)(3)(ii). Statutes trump Protocols. (In other words, if there is a valid statute that contradicts what is in a Protocol, you must obey the statute, even if it means disobeying the Protocol.) The BLS Protocols on Out-of-Hospital DNRs (even the new ones just released in November 2008) have not been amended to reflect this change in the law. Even so, it still may be a good idea to contact the medical command physician prior to discontinuing CPR.

So, what if the patient is going into arrest and the family decides that they no longer want a DNR? Pennsylvania law states that if the family member meets the definition of "surrogate", (i.e., a "health care agent or health care representative" that has been named surrogate by the patient on an advance directive for health care), the surrogate has the right to revoke the DNR orders verbally or otherwise *if and only if* the surrogate is the one who obtained the DNR order. The patient also has the right to revoke his or her own DNR order, regardless of his or her physical or mental condition, if that decision is clearly communicated in some way. Keep in mind that the EMS practitioner should continue to provide comfort and pain-relieving measures, such as oxygen or drug administration, within the scope of their practice, to a patient with a DNR.

You can see how all of this can be quite confusing when you are on scene with a dying patient and seconds count. Just remember that, whenever you are uncertain as to whether or not a patient has a DNR, initiate CPR. And, when in doubt, contact your medical command physician, who has the authority to make an informed decision for you.



\*Sources:

<http://www.pacode.com/secure/data/028/chapter1051/chap1051toc.html>

Christie Mellott, Esquire, Page, Wolfberg & Wirth (<http://www.pwwemslaw.com>)



# Updated EMS Law Hopefully Coming By End of Summer

By Representative Scott Boyd

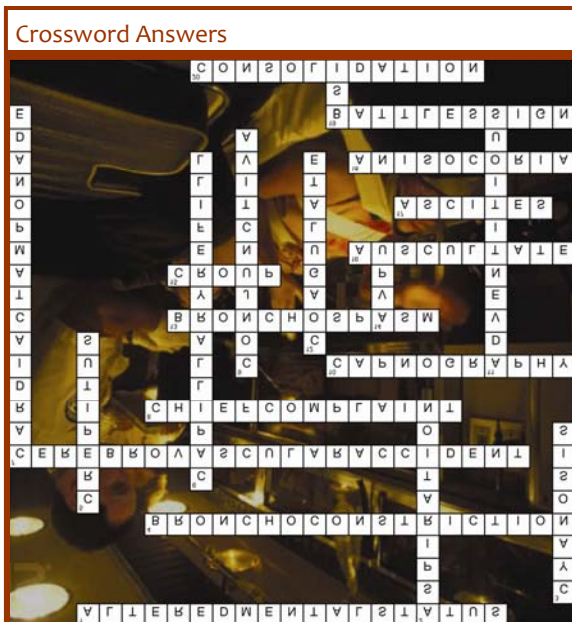
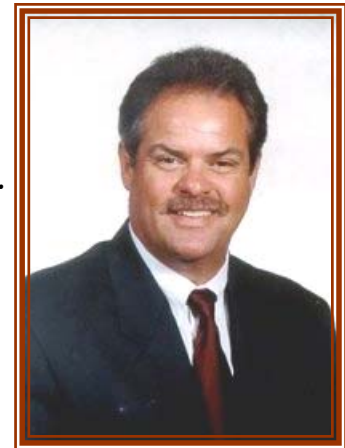
At this writing, legislation will soon come up for final approval in the state House to update the Commonwealth's laws regarding the delivery of emergency medical services.

Since the initial law was enacted in 1985, numerous advances have been made with respect to emergency medical services and the way these units operate and deliver urgent medical treatment. EMS providers are not just traditional ambulance companies or part of the local fire department; they include Quick Response Services, wilderness EMS services and tactical EMS services. This legislation ensures we have in place a comprehensive EMS delivery system that appropriately responds to the varying levels of patient care while ensuring a greater level of public safety.

Under Senate Bill 240, the state's EMS law would be modernized and standardized in an effort to better respond to the evolving nature of emergency medical services. It also promotes cooperation among EMS companies and regional EMS councils.

Included in the legislation are provisions adopting recognized national standards of practice and new provider certification levels. The Department of Health will also establish regulations that deal with the new types of EMS personnel to meet specialized EMS needs as they are identified.

This bill is to be considered in the House in July and it's my sincere hope that it will be sent (un-amended) to the governor and quickly signed into law. Note: This Bill passed the week of 8/17/2009.





# Special Medical Response Team

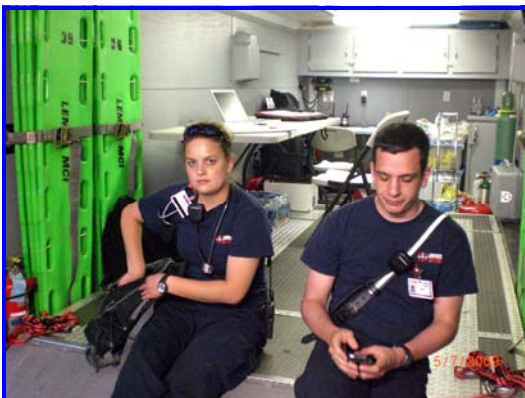
By Patrick Osborne, NREMT-P

A lot of what we do in EMS is learned on the job. This is true of not only our skills as a provider, but also in regards to our endeavors as a company. The Special Medical Response Team (SMRT) grew out of our on the job experiences in Louisiana during Hurricanes Katrina and Gustav as well as several other incidents here in Lancaster County. We learned that additional training, equipment, and standard operating guidelines were needed, and as we continue to learn from our experiences, SMRT is evolving.



What began as Lancaster EMS's contribution to the South Central Counter Terrorism Task Force (SCTF) soon became our own in house Special Operations Team. Our mission includes not only extended deployments to disasters, but also local deployments in support of large scale incidents, and management of large special events. SMRT can also be utilized to help cover 911 calls when our regular units are tied up on large incidents such as the recent 4A structure fire in the city.

While we are not attempting to be another Urban Search and Response Team (USAR), our



members are required to have additional technical, rescue, and incident management certifications in support of our primary mission as EMS providers. Our experiences have taught us that this additional training is necessary to ensure the safety of our providers and our patients. Fast moving water, confined spaces, unstable structures, and hazardous materials are all common elements that confront EMS crews in disaster situations, and while this is not an exhaustive list, it does represent a good starting point for our training.

Equipment and readiness are also essential to making SMRT work. Several items such as tents and stoves have been purchased in order to provide for the needs of team members on deployment. Team members are also required to have two bags packed and ready at all times. A 72hr bag is to be kept at home, ready for long term deployments and a smaller 24hr bag is to be kept in team members' personal vehicles for response to local incidents. Team members also have a personal readiness check list to ensure that while on deployment all their personal affairs (bills, child care, etc.) are kept in order.

SMRT has already taken part in several small incidents and special events and through a process of after action reviews and debriefings, we are continuing to evolve. If you have any questions about SMRT or its mission, or if you are interested in being a part of the team, please speak to myself, or Justin Parrish. And to everyone that has been involved with the Team and those that have offered their input and experiences, thank you!





# EMS Crossword Puzzle

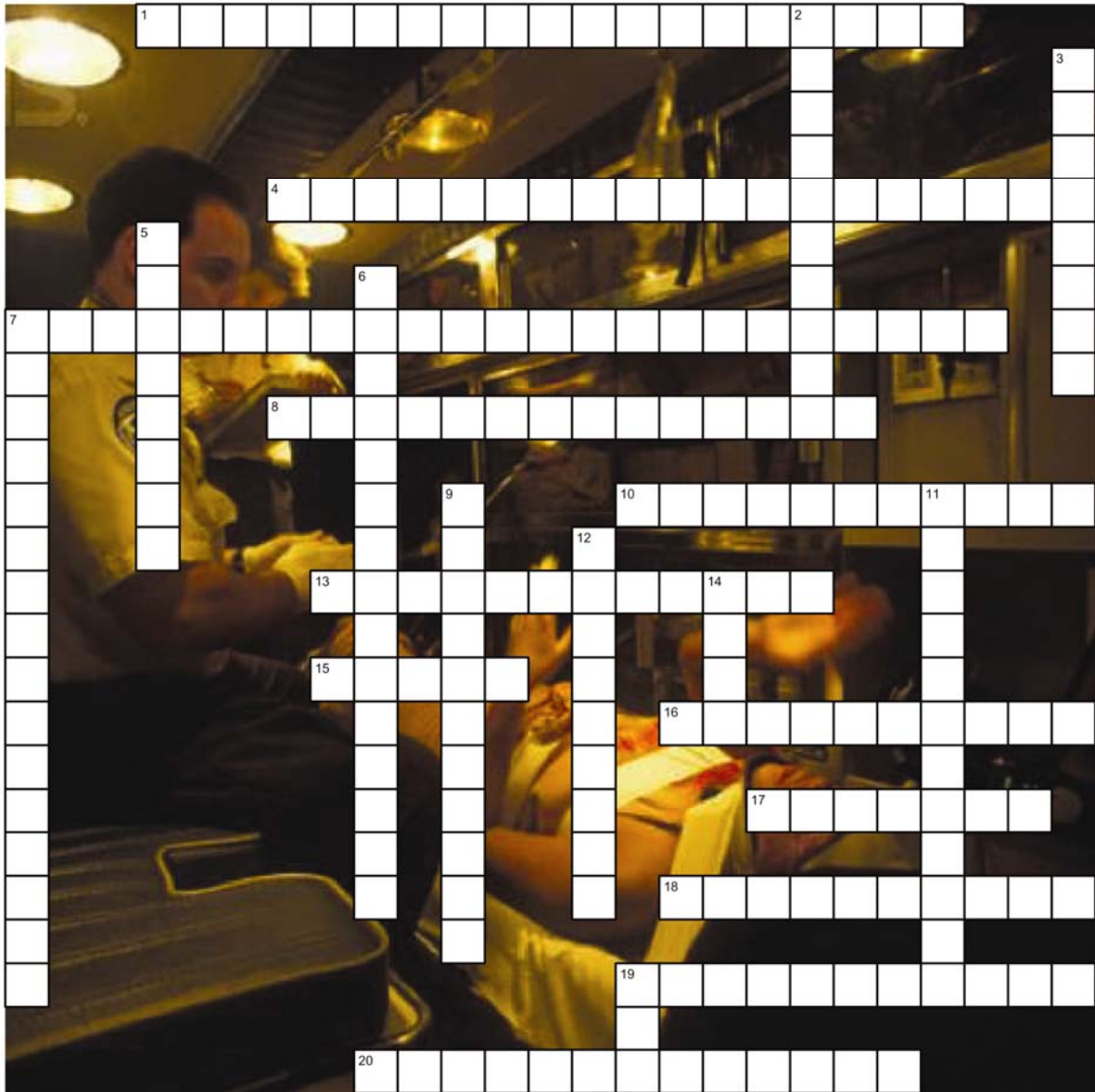
## EMT-I Vocabulary

Based on the AAOS Book

Words that begin with the letters A, B or C

Courtesy Of Sirius Innovations, LLC & EMS Village

For more challenging crossword puzzles, visit us at:  
<http://www.emsvillage.com>



### Across

1. A change in the way a person thinks and behaves that may signal disease in the central nervous system.
4. Constriction of the bronchial tubes.
7. A Stroke.

### Down

2. The introduction of vomit or other foreign material into the lungs.
3. Bluish-gray skin caused by reduced oxygen levels in the blood.

*Continued on page 11*



## Crossword continued

### Across

8. The reason a patient called for help; also, the patient's response to general questions such as "What's wrong?" or "What happened?"
10. Continuous recording of the carbon dioxide level in expired air in mechanically ventilated patients.
13. Narrowing or constriction of the bronchioles; caused by an acute inflammatory response, such as asthma.
15. An infectious disease of the upper respiratory system that may cause partial airway obstruction and is characterized by a barking cough; usually seen in children.
16. To listen to, as with a stethoscope.
17. The accumulation of serous fluid in the peritoneal cavity.
18. A state of normally unequal pupils; present in approximately 20% of the population; pupil size difference is usually less than 1 mm.
19. Bruising behind an ear.
20. The process of becoming solid, especially in the lungs.

### Down

5. A grating or grinding sensation caused by fractured bone ends or joints rubbing together; also air bubbles under the skin that produce a crackling sound or crinkly feeling.
6. The return of blood in an area such as a nail bed after pressure (caused by squeezing to blanch) is released; observing the time to refill and the color of the skin helps evaluate the function of the distal circulatory system function.
7. A life-threatening state of cardiac compression that develops as a result of a large pericardial effusion.
9. The delicate membrane that lines the eyelids and covers the exposed surface of the eye.
11. Abnormal; as in \_\_\_\_\_ breath sounds
12. To form a clot to plug an opening in an injured blood vessel and stop blood flow.
14. A method of assessing a patient's level of consciousness by determining whether a patient is Awake and alert, responsive to Verbal stimuli or Pain, or Unresponsive; used principally in the initial assessment.
19. An abbreviation for an infection control concept and practice that assumes that all body fluids are potentially infectious.

Answers on page 6

# Ambulances From the Past



# Employee Spotlight

## Sean Fitzgerald, EMT

**What is your birth name?** Sean Allen FitzGerald

**Where were you born?** Medical Center Hospital of Vermont, aka MCHV

**Where do you live now?** East Lampeter, PA.

**Are you married?** No **Do you have children?** No

**When did you start your career with Lancaster EMS?** I started at Lancaster EMS in July 2007. I started my career in 1993 when I joined my local volunteer department as a cadet/EMT at 14 years of age.

**Do you work anywhere else?**

Not currently, but I do plan on picking up a part-time job at some point in the near future. Preferably something where I can spend lots of time outdoors.

**What would you say has been the biggest change in your job since you started?**

I would have to say the increase in attempts to educate the general public about what EMS's responsibilities actually are, as well as stepping up to assist in the injury prevention role.

**What would you say has been the worst change in your job since you started?**

There are a few changes that I think have become progressively worse since I first became involved in EMS. First is the abuse of the system by the public. Also the lack of education on what EMS actually does. And last but not least is the change in the overall demeanor of a lot of providers.

**What has been your most memorable experience during your time with Lancaster EMS?**

By far it was the opportunity to represent Lancaster EMS when we were deployed to Louisiana for Hurricane Gustav.

**What hobbies/interests do you have outside of your job?**

I like spending time with close friends. I also enjoy activities such as hiking, fishing, camping, etc. Just about anything outdoors.

**Do you have any advice for new employees starting the same job?** Though I am guilty of not always following my own advice...try to treat all of your patients with the utmost respect. Often times our job is more to solve people's problems than anything else. I also have to agree with the answer given in the same questionnaire a few issues back about how you present yourself DOES affect how your patient views you. First impressions are very important and you only have one chance to make a first impression. You can be a great provider, but if you appear unkempt and take little or no pride in your appearance or the appearance of your equipment then the patient will associate that with your care.



# Employee Spotlight

## Rachel Kauffman, Dispatcher

**What is your birth name?** Rachel Marie Kauffman

**Where were you born?** At the Columbia Hospital. I grew up in Washington Boro.

**Where do you live now?** Millersville

**Are you married?** What a great question! I am not married, but I am a very lucky girl. I have a fantastic boyfriend.

**Do you have children?** No kids; someday though.

**When did you start your career with Lancaster EMS? Did you work in EMS prior to working here?** I started in March of 2006. I

have never worked in EMS before...LEMSA took a chance with me. I was a stylist in a hair studio prior to my job here.

**Do you work anywhere else?** I have a little home business.

**What would you say has been the biggest change in your job since you started?** When I started, the comm. center was open 24 hours. I worked night shift, so switching to days was a big change for me.

**What would you say has been the worst change in you job since you started?** Working 16 hour shifts!

**What has been your most memorable experience during your time with Lancaster EMS?** When I was on nights, the guys used to play pranks on me all of the time...you know who you are! We had good times though. I have made many lasting friendships here.

**What hobbies/interests do you have outside of your job?** I am most interested in the beauty industry. I have fun learning new styles and techniques. I like sports...football, ice hockey and MMA. I just enjoy being around good people, the people that I love.

**Do you have any advice for new employees starting the same job?** Think fast.





## BIG CHANGES FOR AMBULANCE BILLING

By Vicki Snyder, Billing Supervisor

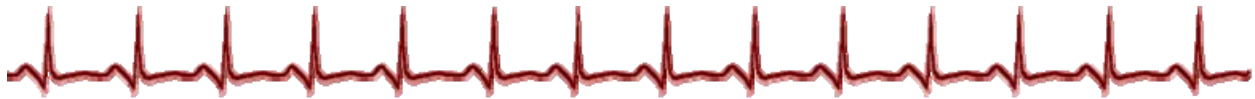
At the ABC3, (Ambulance Billing, Coding & Compliance Clinic), Annual Conference in October of last year, an announcement was made of the opening of the NAAC (National Academy of Ambulance Coding). Finally, an opportunity for advancement in our line of business! With the advent of these classes came the opportunity for ambulance billers to receive training in their specific field. Prior to this, the only training available was for “medical billing” which had little to do with ambulance billing and much to do with physician/hospital billing.



These classes are the “gold standard” for ambulance billing and coding. The curriculum consists of 23 lessons, divided into 5 courses, a test after each course and a final exam. The 5 modules consist of: Basic Ambulance Billing, Ambulance Coding and Claims Submissions, Specific Payor Issues, Post Billing Process, Principles of Billing Compliance and the Final Exam.

With all of the prep work and testing completed, the first online classes were available on April 17<sup>th</sup> of this year.

Lancaster EMS opened this opportunity up for all of the billing personnel. Five employees took advantage of the classes. Vicki Snyder was the first to complete and obtain the national certification on May 23<sup>rd</sup>. Sharon Gile recently passed the final exam and Lancaster EMS now has two nationally certified ambulance coders.

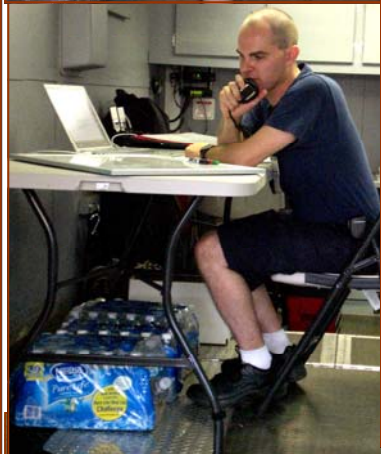


## Lancaster EMS Team Helps Quarryville Relay For Life Raise Over \$100, 000

The Lancaster EMS Lifesavers Team participated in the Southern Lancaster County Relay For Life on July 17th and 18th. For the third year in a row, team members took turns walking during the 24 hour event. Teams also joined in on the various activities including a male beauty contest, (hence the dress on Sean), and a dunk tank to raise additional funds. The Lifesavers team raised over \$1700 that will be donated to help fight cancer. Diane Ray was the team captain and raised the most money for the team. The total event raised over \$100, 000.



# Faces of Lancaster EMS





1829 Lincoln Hwy East  
Lancaster, PA 17602



## Self Motivation

We've all heard of taking the bull by the horns, and if you've ever been to a rodeo and watched the roping events, you've seen a cowboy jump from his horse after lassoing a calf and flipping it over to tie its feet. It's amazing how they do it so quickly and, well that's the point, the contest is about time.

Now, take that calf and make it a full-sized bull, and envision that cowboy grabbing the bull and slamming it onto the ground. Then you can estimate the intensity by which such a term is used: Take the Bull by the Horns! **Yes**, easier said than done!

Isn't that just about the same theme as Nike's famous slogan "Just Do It!"? Sure it is. If you want to do anything in life including self improvement in one of your many endeavors, then you have to think like that. You see, it has often been said by great leaders, generals, and coaches that you have to give it 110% if you want to win. You have to blitz the competition like there is no tomorrow. You gotta want it!

Once you commit yourself to that level of fervor and that amount of chutzpah, you can do anything. But until then, you are not going to improve, I mean really improve, until you are dedicated to that cause; whatever it is, whatever area of your life you wish to improve.

It takes strength of character, will, dedication, and perseverance to yell: "**Just Do It**", and mean it.

Ted Goldman, NREMT-P, MCIP, FP

Chief Operations Officer, Lancaster EMS