

Division of EMS and Trauma Update



Notes from the Director

Kathy Wahl

Emergency Preparedness

Over the past several days, we have been watching the devastating effects of Hurricane Harvey and the associated tropical storms unfold in Texas and Louisiana as they are broadcast live in the news media. Some of you may be tempted to self-deploy to the area to help, because people in EMS are inherently rescuers. However, as we also know from lessons learned post Hurricane Katrina, volunteers who self-deploy to a disaster zone can actually hinder organized response efforts. Today I received a message from FEMA and the National Association of State EMS Officials (NASEMSO) requesting State Directors to reiterate the message, “Wait for official requests.” However, even if you do not receive an official request to deploy to the scene; there are still ways to support the response and recovery efforts. The following link will provide you with excellent suggestions: <http://www.iaem.com/documents/FEMA-Private-Sector-Advisory-How-to-Help-Disaster-Survivors-in-Texas-29Aug2017.pdf>

Even though we do not experience hurricanes (although I have been told that there have been hurricane force winds on some of the Great Lakes) Michigan has its fair share of local disasters and other environmental or public health emergencies. Research has demonstrated that having a personal/family preparedness plan in place improves resilience when recovering from a disaster. Do you have a plan in place? Do other members of your family have plans? What about friends or family that have functional or access needs that place them at a higher risk for negative outcomes in a disaster? As a professional group of rescuers, 28,000 strong in Michigan, we can be a powerful voice in promoting personal emergency preparedness.

I urge you to discuss emergency preparedness with your family, friends and colleagues. Take time to create your own plan and share it with your loved ones. A great resource for this can be found at <http://www.michigan.gov/michiganprepares/>.

As EMS providers you are viewed as credible sources of information in the community. When you participate in community events, you can provide education and resources on emergency preparedness.

If you are involved in scouting or other service organizations, offer to do a preparedness presentation. One of the activities I assign students is to find emergency preparedness apps

that they can have on their smart phones, and to identify ways to keep their phones charged during a power outage. This is always an activity that they find interesting and useful.

As always, I sincerely thank you for your dedication and professionalism in keeping your communities safe and responding 24/7/365.

Recruitment and Retention

An EMS Recruitment and Retention Committee has been formed with the Michigan Rural EMS (MI REMS) and the Michigan Center for Rural Health (MCRH) acting as co-chairs of this multidisciplinary and multiagency work group. Representation from the Michigan Association of Ambulance Services and the Division of EMS and Trauma also participate in this committee. In an effort to have a better assessment of the Michigan EMS workforce, I will be sending out a survey within the next couple of months. Please help us by completing the survey when it is opened. You will be sent a link and the survey will be anonymous.

The committee is also working on some ideas that will help get the word out to have people consider EMS as a career. The Division is also working with other state agencies to create some recruitment strategies. There will be more to come on this topic in the days ahead.

Ethics Project

A small ethics workgroup consisting of EMS providers and Division representatives has convened to develop a Michigan EMS Code of Ethics that can be a useful tool to help EMS providers with ethical decision making and behaviors that positively reflect the EMS profession. There is a national code of ethics for EMS and the Michigan Code will be in alignment with national, but will also include additional information. When it is drafted, it will be posted for your input and comments prior to final publishing and education.

Image Trend

Kevin Putman

Migration from ImageTrend State Bridge to Elite for all direct users will begin in October with a goal of completion by 12/31/2017. If you have any questions, please contact Kevin Putman at putmank@michigan.gov

The State is still planning to provide Field Bridge Elite without cost. We are in the process of completing the cyber security documents required for the project. The new process required for this is causing a delay in the ability to offer the service, but cyber security is imperative when it comes to protecting our patients.

Education and Training

Terrie Godde

The standards by which one is measured, and assurance that these standards are met, describes

accreditation. In the healthcare profession, we need to ensure that we are preparing our students to provide the best possible care to those we serve.

There are currently 146 initial EMS education programs approved in Michigan. Of these, there are 30 Paramedic programs. Currently, 17 of these Paramedic programs are fully accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The other 13 are in the process of obtaining their accreditation, and have a letter of review from the Commission on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP).

Accreditation is a requirement for Paramedic students to become Nationally Registered with NREMT. Without this accreditation, a student would be eligible to take an assessment exam, but not receive their NREMT certification. If they ever chose to move to another state, they may have to take the entire Paramedic program over again to become licensed.

In July, Oakland Community College, Great Lakes EMS Academy, and St. Clair County Community College were all granted full accreditation by CAAHEP. Congratulations on a job well done to them and all the others are moving EMS education forward.

Here is a link to our website showing the programs that are fully accredited, and those in the process of accreditation. http://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508_76842-159044--,00.html

Justin Allen
EMS for Children

Michigan Pediatric Readiness in the Emergency Department Project

On average, 31 million children are seen in Emergency Departments every year throughout the United States. Pediatric patients make up approximately 25% of all Emergency Department visits. Due to these statistics, the Health Resources and Services Administration (HRSA) has included a Federal performance measure that all EMS for Children (EMSC) Grantees need to work towards, which assesses the percentage of hospitals that are recognized through a statewide system that are able to stabilize and/or manage pediatric emergencies. To assist states in meeting this performance measure, the EMS for Children National Resource Center created the Pediatric Facility Readiness Collaborative, which Michigan was accepted into in April of 2016. This collaborative has provided our state with valuable resources and best practices from other states around the Country, who have successfully implemented a pediatric readiness program in their states. Since April of 2016, Michigan has made huge strides in creating a pediatric readiness program

for emergency departments. To date, the core team of Lauren Korte from the Division of Emergency Preparedness and Response, Theresa Jenkins from the Trauma Section, and Justin Allen, the EMSC Coordinator have attended three in-person learning sessions. These learning sessions have provided invaluable resources that are being utilized in the creation of the Michigan program.

The BETP has assembled a steering committee of passionate subject matter experts to participate in planning this project. These professionals represent a wide-array of professional organizations and disciplines such as American Academy of Pediatrics, American College of Emergency Physicians, Michigan Center for Rural Health, Michigan Trauma Coalition, Michigan Emergency Nursing Association, Pediatric Emergency Medicine Physicians, Hospital Preparedness Program partners and EMS for Children. The team is currently drafting criteria for a three tier voluntary recognition program based on the 2009 joint policy statement from the American Academy of Pediatrics, American College of Emergency Physicians and Emergency Nursing Association titled ["Guidelines for the Care of Children in the Emergency Department."](#) The ultimate goal of the project is to create inclusive but essential criteria that all hospitals can strive towards meeting, which in the end will increase their pediatric readiness and ultimately improve patient outcomes for all children no matter where they live.

We urge all of you to be pediatric champions for EMS care.

Emily Bergquist
A Culture of Safety

As we have been traveling around our state this last week, I have been reflecting on how far we have come in the time I have been a paramedic. We have changed, learned, and grown as agencies, MCAs, providers, and people. Gone are the days where PPE was optional and we were careless with needles. We have embraced so many protections through lessons hard learned. We wear safety vests on highways, have reduced our use of lights and siren, and have improved our awareness of unsafe situations.

Why then, do we think that we are not properly restraining ourselves or our patients in the back of an ambulance (note I used **WE** there, I'm not great at it either). We wear seatbelts in the front seat, in our cars, and we would never dream of letting someone (especially a child) be improperly restrained as a passenger in our vehicles. I am not writing this article because I have the answer; I'm writing this article because I want to learn to be better. Where in our minds have we gotten the idea that the back of the ambulance is somehow safer for anyone? Because it isn't. I know that you have seen the videos and been told the statistics, so what will it take to

change the mindset to include the back of the ambulance in our culture of safety? I'm sure there will be more coming about this in the coming months, but for now, let's have a conversation. Shoot me an email (bergquiste@michigan.gov) and let me know your thoughts (even if it is just to tell me you always wear your seatbelt)!

Protocols Update

The last section of the protocols should be up for comment in the next few days. The release date is October 25th for the new set, and we are so excited for the updated version! If you get a chance to look at any of them that are out for comment, please do! They are located at http://www.michigan.gov/mdhhs/0,5885,7-339-73970_5093_28508_76836-403854--,00.html

If you have any thoughts, feel free to shoot me an email (bergquiste@michigan.gov).

Lacy Ryal

EMS Personnel Online eLicensing Update

As you may already know, the EMS Personnel Online eLicensing System went live on June 26th. Since that time, over 1600 applications for initial and renewal licensure have been processed! Along the way, we have had some good questions from the EMS community and have made a few adjustments to the system to make it work better for you. As we continue to move forward, our aim is to keep you informed on updates to the system, provide helpful communication, and offer easily accessible answers to your questions.

One of the most common misunderstandings we have encountered with the online system has been selecting the proper application. Prior to the eLicensing system, only renewal applications were processed online, so selecting the correct application for renewal was not an issue. With implementation of the new system, there are now various licensing processes available online. Although expanding online services is intended to provide more convenience and efficiency, the transition period can reveal new challenges. With an expanded number of forms now available online, it is important that the proper application is selected. To help providers choose the appropriate application, the application fee is now included on the application form link. The *Frequently Asked Questions* (FAQ) tab on the portal has been updated to address some of the common questions asked.

We are also consistently sharing helpful information to the EMS community regarding the new system through our *Weekly Update* email broadcast. If you missed the last update, some of the questions and answers are noted below.

Q. License Renewal Application or Re- Licensure Application?

- A. **Renewal Applications** are for those who have a current EMS license that has not yet expired or are still within their 60 day grace period. Renewal applications will be available in your account 60 days prior to your expiration date.

Re-Licensure Applications are for those who have an expired EMS license within the last 3 years. These applicants are required to submit their continuing education with their application and pay the application processing, renewal, and late renewal fees.

Q. What application do I use to apply for a new EMS license?

- A. **Michigan Course Completion Application.** Use this application if you have completed a Michigan EMS course and have successfully passed your National Registry Exam.

National Registry Status Application: Use this application if you have not completed a Michigan Course within the last 2 years. You must be Nationally Registered and not licensed in another State.

Reciprocity Application: Use this application if you are licensed in another State and are Nationally Registered or have been in the past at the level you are applying for.

Please feel free to contact the EMS office at the EMS with general questions or concerns you have. This email account has been set up to help with the transition to this new system MDHHS-MichiganEMS@michigan.gov. You may also contact our office at 517-241-3025 for immediate assistance. We want to thank the EMS community for the continued patience, support, and feedback on the new system.

Staff Changes

Congratulations to Justin Allen who is the new EMS Quality Improvement Analyst for the Division of EMS and Trauma. In addition to his current EMS for Children Coordinator duties, Justin will be working with agencies and MCAs to provide data and reports that can be used to improve patient outcomes and processes. He will be working closely with the data committee to develop benchmarking reports that can be utilized at all levels of EMS, and providing technical assistance in the field to agencies and MCAs.

Upcoming Events

- * September 20, 2017 Human Trafficking webinar for EMS Providers find out more about this and other webinars for CE credits at <http://www.mcrh.msu.edu/programs/EMS%20Webinars%20.html>
- * September 22, 2017 – Emergency Medical Services Coordination Committee (EMSCC) at Bay College in Escanaba, MI.
- * October 5, 2017 – Rural EMS Quality Improvement Summit at Otsego Club and Resort in Gaylord, MI. Sponsored by the Michigan Center for Rural Health
- * October 25 and 26, 2017 - MCA and Trauma Conferences at Grand Traverse Resort in Acme, MI.
- * November 17, 2017 – EMSCC Meeting at Livingston County EMS in Howell, MI.