

King County Emergency Medical Services

Medic One/EMS 2008-2013 Strategic Plan

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Introduction

This newsletter is designed to update the EMS Advisory Committee and others on the progress of the Medic One/EMS 2008-2013 Strategic Plan. If you have questions, please do not hesitate to contact me at (206) 263-8560.

Helen Chatalas

EMS Advisory Committee

The **EMS Advisory Committee** will meet next on March 16, 2011 at the Kent Fire Department, Station #73 (26512 Military Rd. South, Kent). Agenda items include budget and audit updates, and presentations of the Community Medical Technician Pilot and PAD Campaign Strategic Initiatives.

If you have any questions or comments, please contact Michele Plorde at (206) 263-8603.

Regional Purchasing Program

The annual **Life-Assist EMS Vendor Fair** is scheduled for May 18, 2011 from 9 a.m. to 2 p.m. at the Kent Fire District Training Center (24523 116th Avenue S.E., Kent). Admission is free, and there will be door prizes, refreshments and top EMS Manufacturer Representatives with the latest supplies and equipment.

Please RSVP to Anne-Marie Fote, Life-Assist Regional Manager, at anne-marie@life-assist.com; or 425-398-1236.

If you have any questions or comments, please contact Bill Oung at (206) 263-8638.

Other News & Announcements

Medical Goals for 2011

The following is a modified excerpt from a letter sent to EMS service providers by Dr. Mickey Eisenberg, King County Medical Director, in which he shares the EMS medical goals for the coming year.

1) Embrace high-performance CPR: High-performance CPR, in essence, means minimizing any interruption in CPR, along with entrusting the EMT with the responsibility for ensuring quality CPR. In short, the EMT "owns" the CPR portion of resuscitation, and the paramedic "owns" the advanced life support portion of resuscitation.

When EMTs and paramedics work in harmonious partnership, they form a powerful team. Although the EMS system in King County largely performs high-performance CPR, the EMS Division is in the process of producing training videos that will make performance even better.

2) Attempt to minimize EMS on-scene time for patients with acute coronary syndrome (ACS), especially patients with ST-elevation myocardial infarction (STEMI): To a large extent, the outcome from acute MIs is determined by the time from onset of symptoms to the inflation of a balloon catheter in the coronary artery.

Therefore, limiting on-scene time and expediting transportation to a hospital is very important. Here, too, EMTs and paramedics can effectively partner toward meeting this goal. National guidelines recommend a target of 15 minutes for EMS on-scene time - while we may not achieve this speed in every case, it is a worthy goal when possible.

3) Attempt to minimize EMS on-scene time for patients with suspected stroke (cerebral vascular accident – CVA): As with acute MI, patients with acute stroke have improved outcomes if the time to treatment is minimized. Strokes are largely handled by EMTs without paramedic assistance, and thereby require that the EMT make a quick

assessment, notify the hospital, and expedite transportation to the hospital. Like with ACS in goal number 2), the national guidelines recommend a target of 15 minutes for EMS on-scene time. While we may not achieve this speed in every case it is a worthy goal when possible.

4) Announce to dispatch the time of arrival at patient's side: In critical conditions (cardiac arrest, acute MI, stroke), various time intervals form part of our ongoing Quality Improvement (QI) activities. In order to better understand exactly when critical interventions are delivered (such as CPR, defibrillation, etc), I will be working with Medical Service Administrators and EMS officers in the fire departments to ensure that EMS personnel announce to the dispatch center their time of arrival at the patient's side.

5) Synchronize the Automated External Defibrillator AED clocks to a standardized time (dispatch center clock, atomic clock, or some other accurate clock) at least once a week: The exact time of a defibrillatory shock is vital to our cardiac arrest QI program. Without weekly synchronizations of the AED internal clock, we cannot reliably determine the exact moment of a defibrillator shock. I will be working with EMS officers within each department to ensure that the internal clocks are routinely synchronized.

For more information, please contact Dr. Mickey Eisenberg at (206) 263-8569.

SEND Project

The Systemwide Enhanced Network Design (SEND) Project is the multi-tiered electronic data exchange project that, once in place, will make it easier to access and share more accurate and timely data.

EMS made great strides in 2010 on the project - the vendor was selected, datasets were identified, work plans were prepared, and interfaces with two agencies were developed and tested.

The great deal of work completed in 2010 prepares the project to begin actual data transmissions in mid- 2011.

2011 Milestones:

- Develop ESO 2011 Project Plan
- Purchase hardware
- Develop/test interfaces for Field
- Develop/test interfaces for Non-Field
- Initiate Field Data Flow
- Initiate Outcomes Data Flow

If you have any questions or comments, please contact Michele Plorde at (206) 263-8603.

Advancements in Public Access Defibrillation

Early defibrillation has been shown to increase the potential for patient survival. Therefore, the placement, registration, and use of automated external defibrillators (AEDs) in the community are all critical components in the treatment of patients experiencing sudden cardiac arrest - trained responders, public education programs and accessible AEDs are the key to King County having one of the highest survival rates in the world.

The King County EMS Public Access Defibrillation (PAD) program aims to increase the registration and access to AEDs throughout King County, particularly in locations frequented by large numbers of people such as businesses, public facilities, and corporate sites. Currently, there are approximately 2,500 AEDs registered in the King County PAD Registry.

In 2009-2010, the EMS Division engaged the cities of Burien, Renton, Shoreline, Woodinville and Kent to participate in RAMPART, a pilot project to ensure a **Regional Approach to Municipal Public AED Registry and Training**.

During the year long pilot project, 33 new AEDs were placed in public locations and registered in the PAD Registry. An additional 62 existing

AEDs were located within these jurisdictions and subsequently registered. Approximately 2,066 city and county employees were trained in CPR and use of an AED. Such encouraging results led the EMS Division to expand RAMPART to ten to twelve cities in King County in 2011.

Also scheduled to occur in 2011 is the kick-off of a coordinated public awareness campaign. The EMS Division will educate business and public leaders about the need for AEDs, the life-saving potential of the devices, and the importance of registering them in the PAD Registry.

The campaign will use a combination of approaches that may include media, advertising, and direct contact with targeted businesses and individuals.

The importance of the PAD and RAMPART efforts were recently highlighted in a Dutch study published in December 2010. The study surveyed people from 38 nations passing through a central railway station. The study findings revealed that 47% of the subjects recognized an AED.

Once the AED was identified for the subjects, only 47% reported they would be willing to use it if an emergency occurred. Although North Americans in the survey identified and were willing to use AEDs at the highest rates (75%/65%), access and availability can be key factors that both PAD and RAMPART intend to improve.

For more information on PAD and/or RAMPART, please contact Linda Culley at (206) 263-8562.

Reducing unnecessary calls from Skilled Nursing Facilities

When the EMS Division recognized that nursing homes and adult care facilities were calling 9-1-1 with non-emergency concerns, it worked with regional ALS providers to initiate a program that educates facilities personnel about the appropriate use of EMS services.

To enhance the effects of the program, EMS recently developed a more collaborative strategy for working with skilled nursing facilities. This new plan

brings together the administration of the specific facility, the Washington State DSHS Residential Care Services regional manager and/or field inspector, EMS dispatch managers, and the corresponding Fire Department to work on the *specific* issues of the facility.

The plan concludes with a performance measurement to assess whether the contacts, meetings and trainings provided to facility staff were beneficial and met the group's objectives. There are a number of steps that must be undertaken in order to develop a successful plan. Due to space limitations, we are not listing them, and ask that you contact those mentioned the end of this article for such information.

We want to acknowledge **Lt. Craig Soucy with Renton Fire and Life Safety** who was instrumental in the piloting of this new process at Renton Fire. After just one month, EMS was able to measure the affect these meetings and trainings had on the initial facility

The other aspect of this new strategy includes the services of our EMS Instructor Pam Bryson as the contact liaison between Washington State DSHS Residential Care Services, all King County Fire Departments and individual skilled nursing facilities. In this role, Pam provides a link vital to overcoming communication barriers, providing additional trainings, and addressing unique individual circumstances as they arise.

In addition, EMS is working on a "check-list" designed to prompt EMS responders if they believe a patient is not placed in a facility that is able to provide needed care – a bariatric patient in a facility with no lifting equipment or staff that is not able to lift the patient. Please watch for further information on this aspect of the program in the months to follow.

For more information on this program, please contact either Cleo Subido at (206) 263-8636, or Pam Bryson at 206-296-4559.