



University of Pittsburgh Studies Prehospital Airway Management Practices

Airway management is probably the most important procedure that EMS professionals can perform in the field. If completed correctly, it can save lives. If done incorrectly, there is significant risk for catastrophic results.

Because of its importance, researchers at the University of Pittsburgh Department of Emergency Medicine developed the Prehospital Airway Collaborative Evaluation (PACE) to study prehospital airway management practices. This was the first study of its type to look at airway management performed by multiple sites. Past studies typically focused on single systems and did not look closely at performance, according to Henry Wang, MD, research fellow, department of Emergency Medicine, University of Pittsburgh School of Medicine.

In Phase I of PACE, which took place from June 1 through November 30, 2001, Dr. Wang's team began the study of multiple sites in the area. During this time, 45 EMS systems from across Pennsylvania collected data after every intubation attempt. The study asked pre-hospital personnel to complete a data form that included information on patient demographics, clinical factors, physiological parameters, intubation methods, difficulties and complications encountered, and outcomes. Data were collected on almost 750 adult intubations,

continued on page 2

INSIDE

Regional Leaders Seek Changes	3
Field Update: Lyme Disease	4
Save-A-Life Saturday	6

which captured close to 75 percent of the intubations performed.

A unique feature of this study was that it pooled findings from multiple EMS services from different practice and population settings. This may be the first attempt to obtain prehospital airway management data in this manner.



PACE provided a cross-section sample of current prehospital airway management practices. Among the most interesting findings:

- The overall intubation success rate was approximately 87 percent; the success rates were approximately 93 percent for cardiac arrests and 77 percent for non-arrests.
- Intubation success rates did not appear to vary by EMS service population setting (urban, suburban, rural).
- The majority of intubations were accomplished using orotracheal methods. In non-arrest patients only, this trend was the similar, with nasotracheal, sedation-facilitated, and rapid-sequence intubation each making up only about 10 percent of the cases.
- There were 22 cases of tube dislodgement during patient care or transport. There was only one instance where an esophageal intubation was not recognized.
- The availability of Combitubes was rather limited – the majority of failed field intubations ended up being managed using bag-valve-mask ventilation.
- Successful intubation did not appear to be associated with improved patient survival.

Dr. Wang's group also used data from PACE to develop a way to predict potential field intubation failure. Conceptually, this allows a paramedic to quickly predict cases where intubation may be difficult, and where drugs or an alternate airway might be considered.

"We need to perform more work, but this is a good model of how we can simplify decision-making in the prehospital environment," notes Dr. Wang.

Phase II of the PACE study will take place in the near future, according to Dr. Wang. It is hoped that more services will participate and that more detailed information can be obtained about current intubation practices. The study will also expand to include the collection of data on pediatric and trauma cases.

"Our vision is to use these data to help simplify the decisions that need to be made when performing airway interventions," states Dr. Wang. "Making field airway management decisions more clear-cut will increase the overall intubation success rate while reducing the incidence of airway management errors."

Regional Leaders Seek Changes in Medicaid and Act 68 Reimbursement

It is a well known fact that the Medicaid reimbursement rate for health care providers, including ambulance services, is not in line with actual costs of providing services.

This reimbursement discrepancy, along with issues relating to reimbursement for Act 68, is at the heart of regional efforts currently being addressed by leaders from a three-region area. Led by members of the EMSI Board, Bill Groft, B. J. Pino, and Ed Heltman, the committee is looking at ways to effectively make legislative changes in these key areas.

Since 1989, Medicaid reimbursement has remained constant at \$60 per Basic Life Support ambulance trip and \$100 per Advanced Life Support ambulance trip. However, the cost per trip in both areas has increased over the past 13 years. The committee is seeking a change in the rate paid to ambulance services so it is more closely matched to the actual cost of providing the services.



Act 68 permits insurance companies to send reimbursement checks for ambulance services directly to the patient. There are cases where patients keep the money from the reimbursement check and never pay the ambulance service. The committee is working to amend the act so that insurance companies make the reimbursement using two-party checks,

to ensure that ambulance services receive their fair share of the reimbursement.

An initial meeting with legislators was held on March 22 at Seven Springs to discuss these issues. In April, the committee traveled to Harrisburg at the invitation of Senator Jane Orie to make their case directly to Senators Orie and Tompkins, Representative Mike Turzai, and a number of legislative aides.

As a result of the second meeting, the committee recognized that additional information is needed to assess the situation. Surveys will be distributed statewide, to both practitioners and to ambulance services, in an effort to glean important information needed by the committee to show state legislators the shortfalls that ambulance services are currently experiencing.

EMSI will continue to keep the EMS community apprised of the findings and key legislative issues as they arise.

Call for Research Proposals

The EMSI Board of Directors is soliciting research proposals from EMS personnel to study areas of interest to the field. Of specific interest are studies that demonstrate interventions commonly performed by EMS personnel that can make a real difference in patient survival or reduce patient suffering.

While the current system calls for EMS payment based on transportation of patients, there is little attention paid to the

medical intervention that often occurs in the prehospital setting. Research that helps prove the significance of such intervention can be beneficial to the Board as it pursues ways to change the current system of reimbursement.

If you, or anyone you know, is interested in pursuing a research study, contact the EMSI office for more details at (412) 242-7322.



FIELD Update

A Bulletin of Current Information for Providers of Emergency Medicine



Lyme Disease

Field Study: Lyme Disease

It's that time of year again. Time for fun in the sun as the summer comes into full swing. With summer comes more exposure to the outdoors and an increased threat of contraction of Lyme Disease.

In 2000, there were 1,911 cases of confirmed Lyme Disease in Pennsylvania. While many of those took place in the woods to campers, hikers and outdoor workers, an increased number of cases have been reported in other wooded and grassy places, such as homes that are near wooded areas. The risk of exposure is highest in the woods and garden fringe areas of properties, but ticks can also be carried by animals into lawns and gardens.

Because the threat of Lyme Disease is prevalent in this area, EMS personnel should be aware of the symptoms and treatments for this potentially deadly disease.

What is Lyme Disease?

Lyme Disease is a bacterial infection caused by a bite from an infected deer tick. The tick, which normally feeds on mice, deer, birds and other mammals, carries the *Borrelia burgdorferi* bacteria, which can be dangerous to humans.

What are the symptoms of Lyme Disease?

It takes about 24-48 hours for the tick to transmit the infection, so early detection and prompt removal of the tick is important. The disease usually

manifests itself as a small, red rash called erythema migrans, often described as a "bull's-eye" shape. The rash begins within three days to a month after the bite and can expand to a large size. Sometimes numerous rashes occur, most often in the thigh, groin, trunk or armpits. The rash may be warm, but usually is not painful. Flu-like symptoms, such as chills and fever, headache, swollen lymph nodes and fatigue are common. Left untreated, the disease can lead to arthritis, heart- rhythm irregularities, and nervous-system abnormalities.

What is the treatment for Lyme Disease?

The disease is treated with antibiotics given by mouth, or intravenously for more severe cases. Individuals who are treated in the early stage of the disease usually respond very well. Those treated in the later stage usually recover but may experience recurring symptoms or permanent joint damage.

What precautions can be taken to decrease the risk of being bitten by an infected tick?

Pennsylvania Physician General Dr. Robert Muscalus recently issued the following precautions that can be taken:

- Use insect repellent containing DEET in concentrations less than 40 percent on clothes and exposed skin, except the face. Follow the directions on the label to avoid skin irritation and other toxic effects.
- Avoid tick infested areas, such as high grass and weeds – especially in May, June and July.

- Wear light-colored clothing so ticks can be spotted easily.
- Wear a hat, long-sleeved shirt, and long pants for added protection.
- Tuck pant legs into socks or boots, and tuck shirts into pants. Tape the areas where pants and socks meet.
- Walk in the center of trails to avoid overhanging brush.
- After being outdoors, remove clothing and wash at high temperatures.
- Check the body for ticks. If a tick is found, remove it using fine-tipped tweezers, grasping the tick as close to the skin as possible and slowly pulling it straight out. Wash hands thoroughly after handling a tick.

What precautions can be taken to control ticks?

The best precaution for Lyme Disease is to reduce the likelihood of ticks in areas close to woods or gardens. Remove leaves and clear brush and tall grass around the house and edges of gardens. Apply chemicals that are toxic to ticks (acaricides) to gardens, lawns and edges of woodlands near homes. Reduce the likelihood of deer in the area by removing plants that attract deer and putting up fences and barriers to discourage deer from coming close to the home.

For more information on Lyme Disease prevention and treatment, contact the Pennsylvania Department of Health at 1-877-PAHEALTH.

Information in this article was obtained from the Pennsylvania Department of Health and the Pennsylvania Physician General.

Pilot Study Tests Heart Attack Software

A national pilot study is being conducted that could save the lives of heart attack victims en route to the hospital. Using computerized decision-making aids hooked up to an EKG, EMS crews have access to information indicating the probability that a patient is having a heart attack.

The pilot study, which is being conducted in Boston, involves a real-time predictive instrument and software that was developed by a team of researchers whose work was supported by the Agency for Health Care Policy and Research. This instrument will be built into standard EKG machines. It instantly prints predictions, based on the EKG and other clinical information, of whether the patient is a candidate for thrombolytic therapy upon arrival in the hospital emergency department. This information is essential to hospital personnel who can quickly arrange for the patient to be transferred immediately upon arrival to a catheterization lab for angioplasty or thrombolytic treatment. Early administration of thrombolytic drugs can help many patients survive a heart attack.

While decisions to prepare for thrombolytic therapy are currently made based on the same information relayed to the hospital by EMS crews, the new instrument provides a more systemic, precise and practical assessment. According to the research team leader, Harry P. Selker, MD, Boston's New England Medical Center, the new instrument and software estimates the patient's probabilities of suffering cardiac arrest within 48 hours, of dying within 30 days, or of dying within one year depending on if the patient is treated with thrombolytic therapy. It also calculates the likelihood of developing serious complications, such as hemorrhagic stroke or major bleeding, if given through thrombolytic therapy.

The current \$1.8 million study is being funded by the National Institutes of Health and is headed by New England Medical Center. The pilot study ran through February in the Boston area and will be tested in 28 hospitals nationwide next year.

Bracelet Project Honors Victims of Flight 93

EMS personnel who are looking for a unique way to honor those who died on Flight 93 that crashed in Shanksville, PA on September 11 might be interested in purchasing special bracelets designed specifically for this purpose.

Stainless steel, engraved bracelets with the words "United We Stand 9-11-01 We Remember," "USA" and "Let's Roll" on them are now on sale for \$10 each. The proceeds benefit the memorial to be built on the crash site. All materials,

labor and costs associated with the manufacturing and distribution of these bracelets has been donated.

The Bracelet Project was developed by Senator Jane Orie and a consortium of businesses, non-profit organizations, unions and others to commemorate the heroism of those on board Flight 93.

For more information on how to purchase a bracelet, visit the Hearts of Steel website at www.heartsofsteel.com.

www.heartsofsteel.com



EMS Night at the Ballpark

Pirates vs. Brewers

August 16, 2002

7:05 p.m. • PNC Park

Stick around after the game for spectacular fireworks. Prices and how to purchase tickets to be announced.

Volunteers Sought for Save-A-Life Saturday

Are you a cardiopulmonary resuscitation (CPR) instructor? If so, your help is needed to train hundreds of people in CPR at the Allegheny County EMS Council's Save-A-Life Saturday, presented by UPMC Health System. This CPR training event is part of the American Heart Association's Operation Heartbeat initiative.



The event, now in its seventh year, will be held at a new location – the David L. Lawrence Convention Center in downtown Pittsburgh – on Saturday, August 17, from 7 a.m. to 4 p.m.

Both AHA and ARC instructors are needed to teach CPR. Non-instructor volunteers also are needed to assist with registration, mannequin care, and basic preparation. There are several shifts available and all volunteers will receive free meals and refreshments, a t-shirt, and a CPR class if needed.

Last year nearly 800 people were trained in adult CPR and infant-and-child CPR in a single day. Research shows that as more people are trained in CPR, the rate of death by cardiac arrest decreases.

To volunteer, fill out the form below, call the Save-A-Life Saturday hotline at (412) 473-3371, email salsat@adelphia.com, or visit the Save-A-Life Saturday Web site at www.acemscouncil.org.

In addition to volunteering, scholarship sponsors are also being sought for this event to underwrite the cost for employees or those who cannot afford classes. Organizations can pay a fee of \$100 to sponsor 20 participants to learn either adult or infant/child CPR. The cost to participants who are not sponsored is \$5 per class plus an additional \$5 for certification cards and written exams. AED classes will also be offered for \$25.

For more information on sponsorship opportunities or Save-A-Life Saturday activities, call (412) 473-3371.

Save-A-Life Saturday Volunteer Sign-Up Form

Name _____

Address _____

Phone (h) _____ (w) _____

Email _____

EMS Affiliation _____

*Please check **one**:*

☐ I will work as a **non-instructor**.

We ask non-instructors to donate 3-4 hours of their time. At a later date, specific duties and hours will be assigned.

Check the non-instructor shift(s)

you can work:

☐ Morning (6 a.m. start)

☐ Mid morning (9 a.m. start)

☐ Early afternoon (11 a.m. start)

☐ I will work as an **instructor**.

Check the instructor shift(s) you can work:

☐ 7 a.m. - Noon

☐ 11 a.m. - 4 p.m.

Mail or fax to: **Save-A-Life Saturday**

Allegheny Co. EMS Council • P.O. Box 10498

Pittsburgh, PA 15234-0498 • Fax: (412) 237-4628



Report on Ambulance Licensure

During the period of January through March 2002, EMSI's field staff conducted ambulance licensure and relicensure inspections on the following EMS providers in the region. All providers met the requirements established by the Pennsylvania Department of Health.

Allegheny County

- Lincoln Boro Volunteer Fire & Rescue Co.
- Versailles VFC #1 Inc.
- Medical Rescue Team South Authority Inc.
- Pitcairn Hose Co. #1
- A-K Pulser Inc.
- Carnegie Volunteer Fire & Rescue
- Ross/West View EMSA
- White Oak EMS
- Munhall Area Prehospital Services

Armstrong County

- Ford City Hose Co. 1 Ambulance Service

Butler County

- Saxonburg VFC Ambulance

Fayette County

- American Ambulance

Greene County

- Nemacolin VFD Ambulance Service

Indiana County

- Citizens Ambulance Services Inc.

Westmoreland County

- Ligonier Valley Ambulance Authority



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One of the largest crowds ever ventured to Seven Springs Mountain Resort to be a part of the annual EMSI Update in March. Close to 1,500 people from across Pennsylvania, Ohio, West Virginia and Maryland attended this year's conference. Those in attendance enjoyed a wide range of activities including continuing education classes, exhibitor hall, a legislative luncheon, and fun social events.

EMSI Update a Huge Success



During the course of the three-day event, a faculty of 72 professionals ran 74 courses for 648 registrants. The seminars that were the best-attended focused on terrorism, weapons of mass destruction, chemical warfare, and crime scene investigation. Also, 47 exhibitors, the second highest total ever, spread over two floors to show their wares and answer questions from interested participants. And, for the third year in a row, exhibitor space sold out prior to the conference.



Photos above:
Dr. Jim Jordan, a terrorism expert from California, shares a moment with Harry Meredith, director of the Robinson EMS.

Allyson Snyder and Elizabeth Wolfe of UPMC take time out to enjoy the Mardi Gras party.

Senator Richard Kasunic presents a plaque to Matt McKnight.

The following are some of the highlights of the 2002 EMS Update:

Keynote speaker, Mark McGregor, of Ontario, Canada, shared with the audience his experience of suffering two cardiac arrests in which he was shocked back to life by EMS personnel using an AED (automated external defibrillator). His account of how the EMS crews cared for him, and his fears of what his daughter's life would be like if he died, brought tears to many who listened to his testimony.

Matt McKnight from Mercy Hospital of Pittsburgh was honored by Senator Richard Kasunic for his heroic activities

during a motor vehicle accident in Pittsburgh. McKnight was injured by a drunk driver while he was stopped at the side of the road assisting another motorist who was in trouble.

Chief Robert Kennedy from the City of Pittsburgh Bureau of EMS received the 2002 EMS Practitioner of the Year Award. Kennedy was honored for his years of service as Chief of the EMS in Pittsburgh as well as his volunteer activities and dedication to EMS and public safety (see related story on page 11).

EMSI sponsored its second annual legislative luncheon. About 10 legislators attended and spoke with staff and EMSI Board members about problems in recruitment and retention of EMS providers, the reimbursement rates for ambulances, and reimbursement rates for Medicaid (see related story on page 3).

Mark your calendar now for next year's conference scheduled for March 27-29 at Seven Springs Mountain Resort.

Calling All Speakers

Are you a speaker who has knowledge of a good subject of interest to EMS personnel? If so, EMSI would like to talk with you about opportunities to present at the 2003 EMSI Update.

Next year's conference is scheduled for March 27-29 at Seven Springs Mountain Resort. Faculty are needed to speak on EMS topics in presentations that are eligible for continuing education credits.

To discuss ideas for presentations, please call or email Joe Ponko at (412) 242-7322 or jponko@emsi04.org for a speaker packet.

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Periodically, the EMSI staff are asked questions that may be of interest to other EMS personnel. The following are three recently asked questions and their answers.

Are Basic Life Support crews permitted on Advanced Life Support trucks?

Basic Life Support crews can run on an Advanced Life Support truck as long they don't give advanced life support care.

If an EMS personnel is off duty and comes across an accident where there are injured people, is there a duty to act?

No, EMS personnel are only required to treat a patient if they are on duty and dispatched to an emergency. Any other time, EMS personnel do not have a duty to act, but an opportunity to act. It is not a requirement to stop and provide treatment. Instead, if EMS personnel stop while off duty, they are protected under the Good Samaritan Act that covers people helping in good faith.

Is there peer review protection for EMS participants in the Quality Assurance/Peer Review Activities?

Peer review is protected from discovery as long as the body that conducts the peer review falls within the definition of a "review organization" and the type and purpose of the review meets the criteria for protection under the Act. The peer review organizations established by the Department of Health EMS regulations qualify as "review organizations" and should be protected. Records that are being reviewed are not protected. If the review is conducted for disciplinary purposes, it most likely would not be protected. However, certain portions of those investigation records may be protected under other laws and privileges.

MDC Meeting Schedule Set

EMSI's Regional Medical Direction Committee (MDC) has set the following meeting schedule:

Friday, September 13
Washington Hospital

Friday, December 6
Westmoreland Regional Hospital

All meetings begin at noon and include lunch. Meetings are open to all ALS service medical directors and medical command physicians.

For more information on joining the MDC, contact Joseph Ponko, EMSI medical specialist, at (412) 242-7322.

Chief Robert Kennedy Named EMS Practitioner of the Year

As is tradition, EMSI named its EMS Practitioner of the Year at the EMSI Update conference in March. And the winner is... Robert A. Kennedy, City of Pittsburgh EMS chief. Kennedy was named for his continuing contribution to the safety and well-being of Pittsburgh's residents and visitors.

A decorated Vietnam veteran, Kennedy began his EMS career in 1974 as a student in the Associate's Degree program for paramedics at Community College of Allegheny County. His training included ambulance tours with the Freedom House Enterprises Ambulance Service. In 1975, he joined the inaugural group of paramedics in the City of Pittsburgh and was named chief in 1986. In addition to his role as chief of Pittsburgh EMS, Kennedy has served as the chairman of the Allegheny County EMS Council and treasurer of EMSI. He currently serves as a member of the Board of Directors for the Pennsylvania Emergency Health Services Council.



Robert A. Kennedy

Get Caught in the Web

If you haven't had a chance to visit yet, now is the time to take a look at the newly re-designed EMSI web site. Log on to **emsi04.org** for a quick look at information on courses, conferences, background on EMSI, and links to other interesting and important sites.

Bookmark this important site today.



EMT Training Courses Schedule

The following practical examinations for Pennsylvania EMT certification are scheduled for the coming months:

Practical Exams

Monday, June 17

6 p.m.

Mutual Aid Ambulance Service
Greensburg

Wednesday, June 19

6 p.m.

Westmoreland County Community College
Youngwood

Remember the New Continuing Education Requirements

Basic Life Support (BLS) and Advanced Life Support (ALS) personnel are reminded that continuing education requirements for Pennsylvania prehospital personnel were revised in 2000.

To recertify or to be eligible for medical command authorization using continuing education credits, practitioners must obtain 50 percent of the required education in medical/trauma direct patient care. The remaining 50 percent may be in the "other" category.

Medical/trauma direct patient care is care and assessment of an individual who is believed to be sick, injured, wounded or otherwise incapacitated and helpless who is in need of immediate medical attention. This includes all aspects of patient care, but not things such as response planning, legal aspects, communications, documentation, hazardous materials, EVOC, or other operational issues, which all fall under the "other" category.

To qualify for continuing education credit in Pennsylvania, a program must relate to the scope of practice of the individual practitioner. The following are some guidelines for qualification:

- BLS practitioners will not be awarded credit for ALS programs that include skills beyond the scope of practice of the BLS practitioner.
- First responders will not be awarded credit for patient assisted medication programs because they are beyond the scope for the first responder.

- No Pennsylvania prehospital practitioners will be awarded credit for CPR because it is an additional regulatory requirement.
- A practitioner will be granted credit for specific courses only one time in a certification cycle, even if the practitioner has taken the course each year.

The requirements for prehospital practitioners are as follows:

For recertification:

First responder: 16 CEUs over three years; at least 8 must be medical/trauma.
EMT: 24 CEUs over three years; at least 12 must be medical/trauma.

For medical command authorization:

EMT-P and PRHN: 18 CEUs in each calendar year; at least 9 must be medical/trauma.

All requirements are affected after the first full certification period after October 14, 2000 for BLS (expiration dates of January 1, 2004 or later) and beginning in 2002 for ALS practitioners.

For more information on the continuing education requirements, contact Linda Kovac, continuing education/training program specialist, at (412) 242-7322.

2002 Class Registrations By Specific Dates

Start Date	Time	Class Number	Course Name	Hours			Class Location	Contact	Phone
				1st Resp	EMT	Med PHRN			
6/1	8:30	9832	ALS ASSISTANT COURSE	0.00	13.50	0.00	Perryopolis Ambulance	Mary Popovich	(724) 736-8100
6/1	8:00	1004	PALS-R	0.00	0.00	8.00	Economy Ambulance	Judy Haluka	(412) 749-7120
6/1	8:00	517	EVOC - NSC	10.00	10.00	10.00	CCAC Allegheny	CCAC	(412) 237-2500
6/1	8:00	503	Emergency Vehicle Driver Training	16.00	16.00	16.00	CCAC North Side	CCAC	(412) 237-2500
6/1	8:00	9832	ALS ASSISTANT COURSE	0.00	13.50	0.00	Homestead EMS	CCAC	(412) 237-2500
6/1	8:00	7004	PHTLS-R	0.00	8.00	8.00	Allegheny General	William Held	(412) 359-4955
6/1	8:00	6063	Rapid Intervention Crew Exercises	5.50	5.50	5.50	Butler County Fire School	John Piotrowski	(412) 563-4211
6/2	8:00	1002	ACLS - R	0.00	0.00	8.00	Economy Ambulance	MC Nash	(412) 749-7120
6/3	8:00	1002	ACLS - R	0.00	0.00	8.00	Alle Kiski Medical Center	William Held	(412) 359-4955
6/4	18:00	6003	Basic Rescue Practices	11.00	11.00	11.00	Lower Burrell VFD	CCAC	(412) 237-2500
6/4	18:00	1766	Emergency Aquatic Preparedness	2.50	2.50	2.50	Foxwall EMS	Nate Szewczyk	(412) 963-6611
6/5	9:00	253	SHHS ALS Skills Review			2.50	Jefferson Hospital	CCAC	(412) 237-2500
6/5	19:00	253	SHHS ALS Skills Review			2.50	Jefferson Hospital	CCAC	(412) 237-2500
6/5	8:00	1003	PALS	0.00	0.00	16.00	Allegheny General	William Held	(412) 359-4955
6/6	18:00	1005	AED	4.00	4.00	4.00	Mon Valley EMS	Addio Fiordigigli	(724) 684-9536
6/6	8:00	1001	ACLS	0.00	0.00	16.00	Valley Ambulance	MC Nash	(412) 749-7120
6/6	8:00	1002	ACLS - R	0.00	0.00	8.00	St. Clair Hospital	CCAC	(412) 237-2500
6/6	9:00	250	Airway & Airway Practical Lab	6.00	6.00	6.00	Hamer Hall	Barb Webb	(724) 938-5956
6/7	8:00	1002	ACLS - R	0.00	0.00	8.00	Valley Ambulance	MC Nash	(412) 749-7120
6/7	18:00	7002	BTLS-R	8.00	8.00	8.00	Ross West View EMS	CCAC	(412) 237-2500
6/7	18:30	7001	BTLS	16.00	16.00	16.00	Ross West View EMS	CCAC	(412) 237-2500
6/7	8:00	1001	ACLS	0.00	0.00	16.00	Duquesne University	CCAC	(412) 237-2500
6/8	9:00	1005	AED	4.00	4.00	4.00	Mon Valley EMS	Addio Fiordigigli	(724) 684-9536
6/8	8:00	6063	Rapid Intervention Crew Exercises	5.50	5.50	5.50	Lawrence Co Fire School	John Piotrowski	(412) 563-4211
6/10	8:00	1001	ACLS	0.00	0.00	16.00	West Penn Hospital	William Held	(412) 359-4955
6/11	18:00	4004	AED	4.00	4.00	4.00	Kittanning EMS	Robert Shick	(724) 548-7815
6/12	11:00	3012	Protect Yourself-Serious Bloodborne	1.50	1.50	1.50	Jeannette Hospital	Don Thoma	(724) 527-9341
6/12	19:00	5000	Obstetrics & Gynecology	2.00	2.00	2.00	Latrobe Hospital	Keith Stouffer	(724) 537-1578
6/13	8:00	1002	ACLS - R	0.00	0.00	8.00	Allegheny General	William Held	(412) 359-4955
6/13	8:00	1004	PALS-R	0.00	0.00	8.00	Medical Rescue Team South	Adella Mueller	(724) 356-7381
6/20	7:15	1001	ACLS	0.00	0.00	16.00	Mercy Hospital	Jim Blosser	(412) 232-5855
6/20	18:30	3029	Blood Borne Pathogens	3.00	3.00	3.00	Rainbow VFD	Phil Cavdrado	(412) 678-6132
6/22	8:00	6038	Basic Rope Rescue	10.00	10.00	10.00	Ross West View EMS	CCAC	(412) 237-2500
6/25	8:00	1001	ACLS	0.00	0.00	16.00	Washington Hospital	Kathleen Fischer	(724) 223-3354
6/26	8:00	1002	ACLS - R	0.00	0.00	8.00	Jefferson Hospital	CCAC	(412) 237-2500
6/27	7:15	1001	ACLS	0.00	0.00	16.00	Mercy Hospital	Jim Blosser	(412) 232-5855
6/27	7:30	1003	PALS	0.00	0.00	16.00	Mercy Hospital	Jim Blosser	(412) 232-5855
6/27	8:00	1002	ACLS - R	0.00	0.00	8.00	Washington Hospital	Kathleen Fischer	(724) 223-3354
6/29	7:45	1003	PALS	0.00	0.00	16.00	Children's Hospital	Prehospital Services	(412) 692-8720
7/10	11:00	7806	Pediatric Immobilization	1.50	1.50	1.50	Jeannette Hospital	Don Thoma	(724) 527-9341
7/10	7:30	1002	ACLS - R	0.00	0.00	8.00	Mercy Hospital	Jim Blosser	(412) 232-5855
7/13	9:00	1005	AED	4.00	4.00	4.00	Mon Valley EMS	Addio Fiordigigli	(724) 684-9536
7/13	8:00	1004	PALS-R	0.00	0.00	8.00	Jefferson Hospital	CCAC	(412) 237-2500
7/15	7:30	1002	ACLS - R	0.00	0.00	8.00	Mercy Hospital	Jim Blosser	(412) 232-5855
7/16	18:00	5252	Focused History/Phys Exam - Trauma	4.00	4.00	4.00	Kittanning EMS	Robert Shick	(724) 548-7815
7/17	8:00	1002	ACLS - R	0.00	0.00	8.00	Allegheny General	William Held	(412) 359-4955
7/17	8:00	1002	ACLS - R	0.00	0.00	8.00	Medical Rescue Team South	Adella Mueller	(724) 356-7381
7/18	19:00	6502	EMS Stress	3.00	3.00	3.00	Latrobe Hospital	Keith Stouffer	(724) 537-1578
7/18	8:00	1001	ACLS	0.00	0.00	16.00	Canonsburg Hospital	William Held	(412) 359-4955
7/24	7:45	1004	PALS-R	0.00	0.00	8.00	Children's Hospital	Prehospital Services	(412) 692-8720
7/25	8:00	1003	PALS	0.00	0.00	16.00	Forbes Regional	William Held	(412) 359-4955
7/31	7:30	1004	PALS-R	0.00	0.00	8.00	Mercy Hospital	Jim Blosser	(412) 232-5855
8/7	8:00	1004	PALS-R	0.00	0.00	8.00	Allegheny General	William Held	(412) 359-4955
8/8	18:00	1005	AED	4.00	4.00	4.00	Mon Valley EMS	Addio Fiordigigli	(724) 684-9536
8/8	7:15	1001	ACLS	0.00	0.00	16.00	Mercy Hospital	Jim Blosser	(412) 232-5855
8/9	18:30	7002	BTLS-R	8.00	8.00	8.00	Jefferson Hospital	CCAC	(412) 237-2500
8/10	9:00	1005	AED	4.00	4.00	4.00	Mon Valley EMS	Addio Fiordigigli	(724) 684-9536
8/13	19:00	4500	Medical/Legal & Ethical Issues	1.50	1.50	1.50	Latrobe Hospital	Keith Stouffer	(724) 537-1578
8/13	18:00	7800	Injuries to the Head & Spine	4.00	4.00	4.00	Kittanning EMS	Robert Shick	(724) 548-7815
8/14	11:00	4007	Poisoning & Overdose Emergencies	2.00	2.00	2.00	Jeannette Hospital	Don Thoma	(724) 527-9341
8/16	8:00	1002	ACLS - R	0.00	0.00	8.00	Forbes Regional	William Held	(412) 359-4955
8/20	8:00	1004	PALS-R	0.00	0.00	8.00	Alle Kiski Medical Center	William Held	(412) 359-4955
8/22	7:45	1003	PALS	0.00	0.00	16.00	Children's Hospital	Prehospital Services	(412) 692-8720
8/22	7:30	1003	PALS	0.00	0.00	16.00	Mercy Hospital	Jim Blosser	(412) 232-5855
8/22	8:00	1002	ACLS - R	0.00	0.00	8.00	Allegheny General	William Held	(412) 359-4955
8/26	8:00	1001	ACLS	0.00	0.00	16.00	Forbes Regional	William Held	(412) 359-4955
8/29	8:00	1001	ACLS	0.00	0.00	16.00	Allegheny General	William Held	(412) 359-4955

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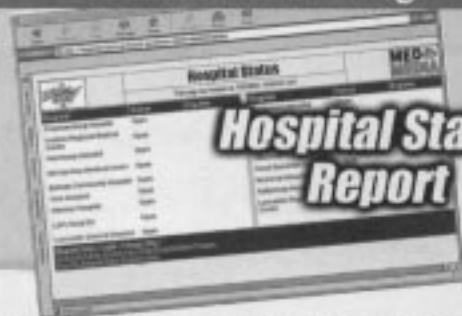
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Area Paramedics Encouraged to Participate in Study

The Pennsylvania Department of Health is conducting a pilot study of exposure to blood among non-hospital health care workers. Paramedics in this region may be asked to participate in the study and are encouraged to take part if they are interested. Participation is not mandatory, but would be helpful to the DOH as it studies the incidence of exposure, the risk factors, and the strategies for prevention in this group.

The Human Investigations Committee of the University of Virginia is conducting the study under a federal grant. Pennsylvania

is one of only 11 states chosen to participate in this important study.

The study only targets paramedics who were chosen randomly from a list of 5000 members state-wide. Of this number, 135 paramedics will receive the survey and will be asked to return it anonymously. Results will be tallied and shared with the Center for Disease Control and Prevention.



Information gathered from this study will be used to help determine how often participants are exposed to blood, what the risk factors are for exposure, and what measures can be taken for prevention of exposure. Findings will be used to develop policies and safety measures to protect non-hospital personnel from exposure to diseases such as hepatitis B, hepatitis C, and HIV/AIDS.

The pilot study began earlier this year, with the main study scheduled for the fall.

For more information or questions regarding this study, contact the EMSI office at (412) 242-7322.



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