



CENTRAL SHENANDOAH EMS COUNCIL

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May 22, 2003

To: CSEMS ALS Providers

From: Matt Painter, Director

Re: Skills Drills
Intermediate Skills
New IV tubing
Resignation

IMPORTANT, PLEASE READ

As you are aware we changed the skills drill format in February at the direction of MCRC (OMD committee). We did more of a scenario, evaluation drill with performance sheets kept on each participant. This data was reported to the MCRC at the April meeting.

From this data we learned that most of you are proficient in your skills and do an excellent job. I commend you on maintaining a high level of EMS treatment knowledge and skill. However we also learned that about 15 percent of the participants were not proficient in patient assessment, protocols and pharmacology. Unfortunately in many of the scenarios the provider made critical life endangering errors!

When we have asked providers about their errors many said they "just haven't looked at the protocols in a while." We found many cases where a provider did not even know we had "new" drugs in the box like vasopressin or solumedrol!

Obviously scenario testing is not fool proof and has limitations and we are aware that many providers simply get nervous and "freeze up." However experienced evaluators can easily tell the difference between a nervous provider and one who just does not know the subject.

The OMD's have noticed these errors, hence the change in the February drill format. When we presented this data to them they indicated they wished for us to continue the evaluation format with skills performance sheets kept on each provider. They further directed Council staff to report substandard performers to the MCRC. MCRC will be held on the second Monday of the months after skills drills. Upon presenting this data to MCRC a provider may be suspended until the next skills drill if their performance is felt to be so poor as to endanger patient care. ONLY the providers OMD may remediate the provider prior to the next skills drill and reinstate him/her.



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The scenarios we will be using will be basic and not intended to “get folks.” They will be based on local protocols. Critical criteria will be accurate assessment and proper interventions using local protocols (correct drug doses, IV rates, rhythm recognition/treatment etc). You don’t have to be a “super medic” to perform satisfactorily. Be a prudent provider with knowledge of your protocols and you will be fine. Use of your protocol book is allowed, however we will document such. What we don’t want to see is a provider needing their protocol book to walk them through everything. The OMD’s also asked us to give a short written quiz at drills, 10 to 15 questions mainly based on local protocols.

MCRC also approved the additional skills of external jugular IV cannulation and oral gastric tubes for the Intermediate level. EJ cannulation will be MEDICAL COMMAND for Intermediates. These are skills covered in the new transition class. Intermediates may perform these skills upon CERTIFICATION as an Intermediate. Intermediates and Paramedics only, not Cardiac or Shock Trauma or Enhanced.

Beginning in June we will begin stocking needle-less IV in the drug boxes. This is the tubing that has the screw on ports using a luer loc syringe. This to be in compliance with OSHA. We will have these at the June skills drill for you to practice with. This will be gradual phase out process. As boxes come in the new tubing will be placed in the boxes, avoiding all boxes to come in at once. Drug shortage and availability remains a problem, please check our web page periodically as we will try to put pictures and updates regarding drug concentrations and preparation. For example the recent change in Atropine.

Finally, I will be resigning my position as Executive Director effective the first part of July. Being flexible to give the board time to find a replacement. I have been here for five years, during that time I have learned so much, however not without great cost to me personally. To put it simply, I have had enough. Very few know the difficulties and demands we face here. Absolutely no matter what we do someone is complaining. Facet of this type of job, however recently I have just burned out. I have enjoyed working with you all, and wish you the best.

As always the Council is here to assist you in anyway possible. Always feel free to contact us.

Sincerely,

Matt Painter