



EMS DIGEST

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Dean Cole
EMS / Trauma Program
Administrator

Tribute to Bob Olson and Diane Hansmeyer

by

Dean Cole

Nebraska EMS/Trauma Program Administrator

The month of September marked the end of the careers of two real Emergency Medical Services (EMS) professionals: Bob Olson and Diane Hansmeyer. They had over 65 years of combined service to Nebraska EMS providers. It has been an honor and privilege to have worked with these two dedicated individuals.

I first met Bob Olson over 20-years-ago when I was hired as Nebraska EMS Program's Metro Coordinator. My first day on the job I was told by Bob Leopold (then director of Nebraska EMS) that I had to make an appointment with Bob Olson if I was to succeed as the Metro EMS Coordinator. From the first day I met the man I have been impressed with his honesty, compassion, love and dedication for the EMS profession.

The list of Bob's EMS accomplishments are long, but what he is most proud of is his years of service serving others. He is a graduate of the first paramedic course in Nebraska and started the paramedic program for Papillion EMS/Fire Department. Bob has been representing EMS providers on the Nebraska EMS governing board since 1981. During his tenure on the board I have been impressed with his innovative thinking, understanding of EMS issues and willingness to make tough decisions especially those that implement change. I will be forever grateful for his counsel, openness and courage.

When Diane Hansmeyer informed me that she was going to retire in September from State government, I experienced a real feeling of loss and reality that professional careers come to an end. Diane is a real professional. She is one of those behind the scenes government employees that makes things happen and makes others look good and get the credit for her hard work. Diane is one of the most unselfish individuals I have had the pleasure to work with in my State government career.

I have been impressed with her ability to grasp EMS issues and find solutions. Many EMS providers are surprised when I inform them that Diane has no background in EMS. Her successful career as EMS Credentialing Administrator came about because of her willingness to listen and take the time to learn the ins and outs of EMS. I have been totally amazed with her ability to take a complex EMS law or rule and regulation and explain why it is enforced to assure quality patient care.

Diane has told me many times, "people do not like to call me because I have to be the one to tell them no." That may be the case, but in my 15 years working with Diane, I have never heard anyone accuse her of being inpatient or unwilling to listen. Diane has always been very respectful and sensitive to the frustrations of pre-hospital providers trying to provide patient care within their scope of practice.

The Nebraska EMS Community will miss these two professionals who have challenged us all to do better. Their unselfish service to others will be their legacy. Thank you Bob and Diane for all you have done. It has been a pleasure and honor knowing you and working with you.



Dr. Don Rice
State Physician
Medical Director



Garry Steele
EMS Education &
Training Coordinator

PMD Course 2011

By Dr. Don Rice

EMS Physician Medical Director, Nebraska DHHS

EMS and Rescue Services are anything but static. They are always on the move, always changing, and always adjusting to new situations. The rescue teams in Nebraska are often used to transition and change. This is not a bad thing but daily chores and responsibilities can fall through the cracks and new members are brought on board and old seasoned rescue chiefs leave.

In addition to internal change, it is not uncommon to have a regular turnover of physician medical directors across the state. Keeping one involved who knows what they are doing can be just as tough as finding a new batch of EMTs who can help out with the calls in your town.

At the State of Nebraska, I wanted to make you aware of our physician medical director course. We have just revised it, and it is an excellent reference tool for the physician medical director. This year we also had the course put on DVD and are getting it approved for CME with the DVD and reference tools. This means your physician medical director (new or needing updates) can watch the DVD, go through the reference tools, and get CME for being your medical director.

If you want to know how to get a copy to your physician medical director, please call Garry Steele at 402-224-3298 or 877-669-0763.

Recruitment Workshop is Being Offered to Your Service

By Garry Steele

The Nebraska EMS Program is offering a Recruitment Workshop for rural services to assist in the development of a recruitment plan. For the past ten years the EMS Program has offered a class on recruitment and retention with the primary focus being on explaining how to develop a recruitment or retention plan for local services. This program has been revised and is being offered using a different format to assist services in planning for a recruitment drive in their community.

The three hour workshop is directed toward helping rural services explore possibilities for recruiting people to become members of their community emergency medical service. The introductory presentation is about 30 minutes in length followed by activities to help members identify the strengths of their service and to become aware of barriers that will stand in the way of a successful recruiting campaign. After establishing the strengths and barriers the service members will develop a local EMS recruitment plan. The plan includes public awareness of the need for new members, promotional strategies, targeting potential members and the use of auxiliary members. The service will be left with the final two steps which are to implement the proposed plan and celebrate the success of the recruitment campaign.

If your service is interested in developing a recruitment plan, contact your Regional EMS Specialists to schedule a workshop.



Ashley Newmyer
Trauma Registrar

Nebraska Trauma Registry

By Ashley Newmyer

The Nebraska Trauma Registry is a databank of information collected from hospitals in Nebraska and submitted to the State Trauma program. The registry is a collection of trauma cases consisting of information on patient demographics, EMS run information, emergency room vital signs and procedures, injury type and cause, and outcome information.

Trauma registries are an important tool in evaluating a state's Trauma System. Trauma registries are used for:

- Trauma center accreditation/verification/designation
- Quality assurance/improvement
- Research
- Education and training
- Resource allocation/review
- Policy development
- Advocacy
- Injury surveillance
- Data linkage to ambulance/EMS reports; death certificates and crash reports.

Since 2006, the number of hospitals consistently submitting trauma data to the Nebraska Trauma Registry has increased from 7 to 68 as of June 2011. Although this number does not represent all hospitals in the state this is an improvement in the number of trauma cases captured by the trauma registry. Furthermore, the number of EMS services utilizing ENARSIS has also increased. Submitting EMS run information electronically helps ensure that the EMS run information sent to the Trauma Registry is accurate and timely. This results in a more accurate picture of trauma cases, more specifically of trauma patient care, cause of injury, time to definitive care and outcomes in the state.

The Trauma Program is continually working toward improving the Nebraska Trauma Registry's data quality to ensure as accurate of a picture as possible. Information collected by the Trauma Registry needs to be of high quality to ensure accurate evaluations of trauma patient care and of the trauma system. To evaluate the trauma system information is pulled from the trauma data bank, examples of which are average time to definitive care, EMS response time, and case-fatality rates.

A quick evaluation of the Nebraska Trauma System looks at the case-fatality rate from year to year. Since 2005, the Nebraska trauma case-fatality rate has decreased from 3.9% to 2.9% in 2010. This means that the number of people dying as a result of trauma injuries has decreased in Nebraska since 2005. Furthermore, when compared to the National Trauma Data Bank case-fatality rate of 3.9% for 2010, the state of Nebraska exhibits a lower rate (2.9%). A decrease in the case-fatality rate is encouraging. Finding out what factors are contributing to this decreased rate is even more important and requires a more in depth analysis of the data. Potential explanations could be improved EMS response time, improved time to definitive care, or even having personnel with more trauma care education.

I would like to say thank you to all the EMS services for your part in the Nebraska Trauma System and to those who diligently submit their EMS run information so that we have the numbers to prove what a great job you do.

If you would like further information on the Nebraska Trauma Program please visit our site: <http://www.dhhs.ne.gov/ems/emstrauma.htm>.



Carrie Crawford
Northeast Region
EMS Specialist

Community Paramedicine in Nebraska By Carrie Crawford

Community Paramedicine is a new title for a concept that has been in practice well before the Emergency Medical Services (EMS) Development Act in 1973. Traditionally, the primary focus of EMS has been to assess and treat the acute medical and trauma patient while transporting to an emergency department. Through the evolution of EMS, the role of EMS has expanded to include inter-facility transport of the non-acute patient, blood pressure checks at local health fairs, transfers to routine physician's appointments, as well as providing standby care at community and sporting events. Many populations in the United States lack adequate healthcare facilities and providers, especially in rural areas. In addition, due to the aging of the "Baby Boomer" Generation, it is becoming increasingly difficult to develop strategies that will address the needs for services in areas where gaps exist and to ensure that all citizens are getting access to primary and preventative care. Eighty percent of America's landscape is rural and is populated with one-fourth of the population. Many people living in rural America are impoverished and lacking healthcare services due to distances they must travel to medical facilities. Oftentimes, routine healthcare services, immunizations, and follow-up services are lacking, resulting in what otherwise would have been avoidable acute healthcare needs, including hospitalizations. Nearly 62% of ambulance transports in Nebraska are non-emergent and non-acute. It is commonly known among emergency medical services providers that many individuals are utilizing medical transportation services due to a lack of primary care access.

The goal of Community Paramedicine is to fill gaps in healthcare services by identifying the particular needs of a community and developing ways to meet those needs. The means to fulfilling the needs may vary as they are based on community needs assessments conducted for each individual community. The intent of this report is to review the feasibility and desirability of finding collaborative approaches among a wide range of healthcare provider agencies and professions, including EMS, to potentially make Community Paramedicine in Nebraska a reality.

Nebraska Statewide Critical Incident Stress Management 22nd Annual Conference

The Nebraska Statewide Critical Incident Stress Management (CISM) conference was held in Grand Island on August 19 and 20, 2011. Attendees came from various professions, including Law Enforcement, Fire, Emergency Medical Services, Corrections, nursing, and mental health professionals.

Overall, the majority of attendees seemed to be very satisfied with the topics that were presented during the conference. Plans are already underway for the 2012 Nebraska Statewide CISM Conference!



Diane Hansmeyer

Transition Courses for NREMT Certification

By Diane Hansmeyer

The State Office was recently asked how the new policies adopted by the National Registry of Emergency Medical Technicians (NREMT), as listed below, will affect a Nebraska licensed emergency medical responder, emergency medical technician, EMT- Intermediate, or paramedic.

The answer is as follows: There will be **no** affect on a Nebraska EMS provider's license. If an individual wants to maintain his or her Nebraska license, he/she will have to obtain the required continuing education hours for his or her specific level of EMS license. If the individual wants to maintain their National Registry of Emergency Medical Technicians (NREMT) certification, he/she will have to meet the requirements outlined below for his or her individual level of certificate.

In order for Nationally Registered EMS Providers to maintain National EMS Certification, as outlined in the *EMS Education Agenda for the Future*, all NREMTs must meet the minimum requirements of knowledge and skills outlined in the National EMS Scope of Practice Model.

Transition dates and processes which NREMT certified EMS providers must follow to maintain their National EMS Certification vary according to the level of EMS provider.

An **overview** of the process is outlined below. The complete policy is available on the NREMT website (www.nremt.org) under General Policies.

First Responder:

All NREMT First Responders who have license expiration dates of September 30, 2011 or September 30, 2012, have two registration cycles (four years) to complete a state-approved First Responder to Emergency Medical Responder transition course* in order to be eligible for National EMS Certification as an Emergency Medical Responder (NREMR).

<i>NREMT-Basic expires:</i>	<i>Complete EMT Transition by:</i>
<i>March 31, 2011</i>	<i>March 31, 2015</i>
<i>March 31, 2012</i>	<i>March 31, 2016</i>

EMT- Basic:

All NREMT-Basics who have license expiration dates of March 31, 2011 or March 31, 2012, have two registration cycles (four years) to complete a state-approved Emergency Medical Technician-Basic (EMT-B) to Emergency Medical Technician (EMT) transition course* in order to be eligible for National EMS Certification as an Emergency Medical Technician (NREMT).

<i>NREMT-Basic expires:</i>	<i>Complete EMT Transition by:</i>
<i>March 31, 2011</i>	<i>March 31, 2015</i>
<i>March 31, 2012</i>	<i>March 31, 2016</i>

Intermediate/85:

All NREMT-Intermediate/85s will have two registration cycles (four years) to complete a state-approved Intermediate/85 to Advanced Emergency Medical Technician (AEMT) transition course* in order to be eligible for National EMS Certification as an Advanced Emergency Medical Technician (NRAEMT). To be awarded National EMS Certification as an NRAEMT all NREMT-Intermediate/85s after completing the approved transition course must successfully complete the NRAEMT computer delivered cognitive examination (exam fee will be \$70, rather than the standard initial exam fee of \$100) and a transition course-ending practical examination within the past two years that validates competency over the following skills:

- o Patient Assessment/Management - Medical
- o Airway Ventilation and Oxygenation of an Infant/Child in Respiratory Distress/Failure
- o Cardiac Arrest Management /AED

- o Intravenous Bolus Medications
- o Pediatric Intraosseous Infusion

<i>NREMT-Intermediate/85 expires:</i>	<i>Complete AEMT Transition by:</i>
<i>March 31, 2011</i>	<i>March 31, 2015</i>
<i>March 31, 2012</i>	<i>March 31, 2016</i>
<i>March 31, 2013</i>	<i>March 31, 2017</i>

Intermediate/99:

All NREMT-Intermediate/99s will have three registration cycles (six years) to complete a state-approved Intermediate/99 to Paramedic transition course* in order to be eligible for National EMS Certification as a Paramedic (NRP). To be awarded National EMS Certification as an NRP all NREMT-Intermediate/99s after completing the approved transition course must successfully complete the NRP computer delivered cognitive examination.

<i>NREMT-Intermediate/99 expires:</i>	<i>Complete Paramedic Transition</i>
<i>March 31, 2011</i>	<i>March 31, 2017</i>
<i>March 31, 2012</i>	<i>March 31, 2018</i>
<i>March 31, 2013</i>	<i>March 31, 2019</i>

Paramedic:

All NREMT-Paramedics who have license expiration dates of March 31, 2011 or March 31, 2012, have two registration cycles (four years) to complete a state approved Emergency Medical Technician-Paramedic to Paramedic transition course* in order to be eligible for National EMS Certification as a Paramedic (NRP).

<i>NREMT-Paramedic expires:</i>	<i>Complete Paramedic Transition</i>
<i>March 31, 2011</i>	<i>March 31, 2015</i>
<i>March 31, 2012</i>	<i>March 31, 2016</i>
<i>March 31, 2013</i>	<i>March 31, 2017</i>

For ALL transitions, the NREMT will require:

- A course completion certificate that includes - EMS provider's name, transition course completion date and the statement: "has completed a state approved [level] to [new level] transition course"*; name of the sponsoring agency, signature of the individual responsible for the training.
- Nationally Certified EMS providers who submit an acceptable recertification application but do not include successful completion of a state-approved transition course by the deadline for their provider level, will be issued National EMS Certification at the next lower level (i.e. EMT-Basic will receive EMR; Intermediate/85 will receive EMT; Intermediate/99 will receive AEMT; Paramedic will receive AEMT).

Level specific requirements:

- I/85 to AEMT - transition must include course-ending verification of the following skills: Patient Assessment/Management - Medical; Airway Ventilation and Oxygenation of an Infant/Child in Respiratory Distress/Failure; Cardiac Arrest Management/AED; Intravenous Bolus Medications; Pediatric Intraosseous Infusion **and** successful completion of the current National EMS Certification AEMT cognitive examination.
- I/99 to Paramedic - upon successful completion of the transition course all Nationally Certified EMS providers must successfully complete the current National EMS Certification Paramedic cognitive examination.

* In Nebraska a State-approved transition course is the same thing as the new State refresher courses that includes new knowledge and/or skills. To find a State-approved transition/refresher course, please contact your EMS Training Agency. The training agency contact information is available on the State website: <http://www.dhhs.ne.gov/crl/rccs/ems/ems.htm> Click on training agency.



Debbie Kuhn
 Metro Region
 EMS Specialist /CISM /
 EMSC



Julie Smithson
 South Central Region
 EMS Specialist

Medi-Tedi

By Debbie Kuhn & Julie Smithson

Medi-Tedi would like to thank the **Nebraska EMS Association (NEMSA)**, and two real estate companies in Lincoln, Nebraska, namely **Home Real Estate and Wood Bros Realty** for donations to keep the Medi-Tedi Program alive. Donations are used to purchase teddy bears to be given to children that are sick or injured and transported by an ambulance or have been caught in crisis situations. The use of teddy bears, like Medi-Tedi, has proven to have a calming effect on children.

The Medi-Tedi Program is solely funded by donations, the program has been in jeopardy due to lack of donations over the past years. Again, thank you for your support, enthusiasm and dedication to the children in Nebraska.

Nebraska EMS for Children and the Pediatric Survey

Nebraska Emergency Medical Services for Children (EMSC) has received a federal grant to improve pediatric care in Nebraska. An EMSC Committee was formed with representation from doctors, nurses, paramedics, EMT's, data collection, and the public. The EMSC Committee has created a handy pediatric protocol flip chart that was sent to all EMS services in 2009. The purpose of the flip chart was to have off-line protocols easily available in the back of the ambulance on pediatric emergencies. In 2010, the EMSC Committee purchased Broselow tapes for ALS services who were not using them currently. The same year, PEPP Courses were offered to make available more pediatric training for EMS providers.

Last summer ambulances services in Nebraska received a letter from the Nebraska Emergency Medical Services for Children (EMSC) Program in regards to the EMSC federal grant. This letter was sent asking for assistance in completing a very important survey designed to identify existing gaps and ways to improve emergency medical care for children in Nebraska.

Below is the information that was collected on Performance Measure 73 which collected data on pediatric equipment carried in both BLS and ALS ambulances:

BLS:

On average, Nebraska's BLS Units carry 86% of the BLS pediatric equipment items recommended by the EMSC Program.

On average, Nebraska's BLS Units carry 30 out of 35 of the BLS pediatric equipment items as recommended by the EMSC Program.

The following items are those most commonly missing from BLS-equipped units (determined by having a less than 90% in-stock rate.)

Table 1. Percent in-stock for each piece of recommended pediatric equipment for BLS units/ambulances in NE (n=387 units)

BLS Equipment	Numerator	Denominator	Percent In-stock
Child size lower extremity (femur) traction device	119	387	31%
Length/weight based tape or appropriate reference material for pediatric equipment sizing and drug dosing	121	387	31%
Pulse oximeter with pediatric probes	169	387	44%

Neonate size mask for a bag-valve mask	241	387	62%
AED or defibrillator with the appropriate paddles and/or pads to defibrillate children	255	387	66%
Nasal airway in one of the following sizes: 26fr, 28fr, 30fr, 32fr, or 34fr (internal diameters 6.5mm to 8.5mm)	301	387	78%
Nasal airway in one of the following sizes: 16fr, 18fr, 20fr, 22fr, or 24fr (internal diameters 3.5mm to 6.0mm)	306	387	79%
Child size nasal cannula	313	387	81%
Suction catheter in one of the following sizes: 12fr, 14fr, or 16fr	319	387	82%
Suction catheter in one of the following sizes: 6fr, 8fr, or 10fr	325	387	84%
Infant size mask for a bag-valve mask	341	387	88%
Small extremity immobilization device	344	387	89%

ALS:

On average, Nebraska's ALS Units carry 94% of the ALS pediatric equipment items recommended by the EMSC Program.

On average, Nebraska's ALS Units carry 63 out of 67 of the ALS pediatric equipment items as recommended by the EMSC Program.

The following items are those most commonly missing from ALS-equipped units (determined by having a less than 90% in-stock rate).

Table 2. Percent in-stock for each piece of recommended pediatric equipment for ALS units/ambulances in NE (n=188 units)

ALS Equipment	Numerator	Denominator	Percent In-stock
Child size lower extremity (femur) traction device	72	188	38%
Neonate size mask for a bag-valve mask	142	188	76%
Pediatric size Magill forceps	145	188	77%
Nasal airway in one of the following sizes: 16fr, 18fr, 20fr, 22fr, or 24fr (internal diameters 3.5mm to 6.0mm)	146	188	78%
Child size nasal cannula	149	188	79%
End-tidal CO2 detection capability for pediatric patients either: quantitative capnometry or colorimetric	149	188	79%
Meconium Aspirator Adaptor	150	188	80%
Adult size intraosseous needle	155	188	82%
Nasal airway in one of the following sizes: 26fr, 28fr, 30fr, 32fr, or 34fr (internal diameters 6.5mm to 8.5mm)	155	188	82%
Pulse oximeter with pediatric probes	158	188	84%
End-tidal CO2 detection capability for adult patients either: quantitative capnometry or colorimetric	161	188	86%

At least 2 size 2.5mm endotracheal tubes	164	188	87%
Transcutaneous cardiac pacemaker with pediatric pads/cables	168	188	89%

The hope of this program is to find an organization or agency that can assist in purchasing equipment for Nebraska ambulances just as the Kiwanis did in the past years. In the past, the Kiwanis were able to provide assistance to some ambulance services in Nebraska by purchasing jump kits full of pediatric equipment. Then in conjunction with training that was provided through the Nebraska EMS/Trauma Program, the pediatric equipment and the pediatric training were presented to the eligible Nebraska ambulance services.

A complete report of the percentage of in-stock for each piece of recommended pediatric equipment for BLS/ALS unit in Nebraska will be available upon request.

The EMSC Committee would like to thank Nebraska ambulance services for completing this survey and ask that continued completion of future surveys occurs. The data collected from these surveys has helped Nebraska obtain this important Federal grant to improve pediatric care in Nebraska.

[The Latest Technology](#) [By Scott Koperski / Beatrice Daily Sun](#)

Posted: *Tuesday, April 26, 2011 6:00 am*

Beatrice Fire and Rescue workers participated in new training Thursday afternoon to better anticipate the effects of heart attacks on specific patients.

Gage County Medical Director Dr. Don Rice said the new Acute Cardiac Ischemia Time Insensitive Predictive Instrument (ACI-TIPI) will greatly increase diagnosing heart attacks in the field.

"This is a study that looked at coming up with algorithms to help the paramedics increase their accuracy of positively identifying heart attacks," Rice said. "So if they're running 70 percent accuracy, this will move them to about 85 percent accuracy. That way if we transport a patient all the way to Lincoln, we know we're going with the right types of patients."

The ACI-TIPI inputs specific statistics about the patients to give first responders better diagnoses and predictions of a patient's chance of survival.

"When we put in other elements like a patient's height, weight, gender and other medical conditions, this then gives them a breakdown of their likelihood of survival," Rice said. "It prints out what their fatality percentage is in 30 days."

"In other words, by putting in a few more pieces of information, we now have the science and technology to go on and find what the potential rate of death is in the next 48 hours," Rice added. "It will help them refine their decision making as to where they take the patient."

Beatrice Fire and Rescue Chief Brian Daake said the two new monitors are a great addition to the department.

"It's a touch-button screen on the monitor itself," Daake said. "We knew about this coming out, so when we purchased our last two defibrillators we already had the tech purchased with it a few months ago. We just now were able to get the training done so we can use them."

After being trained Thursday, the technology was immediately ready to be used.

Daake said each of the two new systems cost around \$30,000, but have updatable software to prevent them from becoming outdated in the near future.

The department also began using QCPR units, which provide feedback to rescue workers who are administering CPR.

"When you have a cardiac arrest, there's a puck that's hardwired to the monitor," Daake explained. "We place that on person's chest when we do compressions and it lets us know the rate of compression, how well we're doing and if the depth is correct."

The QCPR system will tell rescue workers if they are "doing quality compressions or not," he added.

Rice said Beatrice is not only setting a new standard for area rescue workers, but is on the cutting-edge of technology on a national level.

"There are only 11 rescue services in the country that are doing this — that's it," Rice said. "These guys are easily among the top in the entire country that are doing this and they're the only ones in Nebraska doing it."

"Beatrice should be proud," he added. "These guys are leading the pack."

Rice said the ACI-TIPI technology is building up from new ST elevation myocardial infarction (STEMI) procedures that were instituted last year.

A STEMI heart attack is caused by an excessive period of blocked blood supply. It affects a large portion of the heart muscle. Using the a 12-lead ECK implemented last year, EMTs get a better picture of what's going on inside the body

The 12-lead system can distinguish a STEMI from other types of heart attacks, which need to be treated at a catheterization lab.

The nearest catheterization lab is at BryanLGH East, in Lincoln.

If a heart attack victim is taken to a local hospital and is then diagnosed as a STEMI, BryanLGH East has to be notified to make sure they have room for the patient as well as receive patients notes and transfer paperwork before the patient can be transported.

Being able to diagnose a STEMI, which is indicated by a jump in the EKG, in the field could save as much as 3.5 hours.

As the new technology continues to develop, Beatrice will someday devise a state-wide recommendation regarding the equipment.

"About a year ago, we started talking about working on diagnosing heart attacks in the field," Rice said. "They've been doing that for a year and we've reviewed the data and they're right in the zone with national standards."

Beatrice will "layer" the new data into their work moving forward, Rice said, and soon become a model for all rescue operations statewide.

"Based on that, we'll culminate recommendations for the entire state to come up with a STEMI acute coronary system model for the entire state," he said.

The Nebraska EMS Program has been given written permission from the Beatrice Daily Sun to republish this article

[Congratulations!!](#)

- Dr. Tom Surber received the Norfolk 2011 Edward I. Vrzal Award. The award recognizes achievements and contributions to the community.
- Scott Crawford received the Hero Award.
- Diane Hansmeyer, Administrator of the Rehabilitation and Community Services Profession, is retiring after 25 years of service to the State of Nebraska.
- Bob Olson, after 46 years in the Nebraska EMS system, has decided to take it easy and retire.
- Imperial EMS celebrates 30 years of service in Nebraska.



Dr. Tom Surber

[Dr. Tom Surber Earns Community Award](#)

[By Carrie Crawford](#)

The Nebraska EMS and Trauma program would like to congratulate Dr. Tom Surber for being the 2011 recipient of Norfolk's Edward I. Vrzal Award. The award recognizes a citizen's achievement and contributions to the community. "Doc" Surber has been practicing medicine for 36 years as a physician and has been involved with emergency medical services since 1976. Before the role or title of Physician Medical Director was recognized, he assisted departments with funding and organization. When asked what he thinks is most important about being a medical director, he offered that it is "a two way street." Even as he talks with the providers and guides them; he says he learns a lot from them as well. In the past several decades, Dr Surber has seen many changes. He spoke of the transition from the original setup with the funeral homes doubling as a mortuary and also using the hearse as a transport unit. "They just took them to the appropriate place", he chuckled. He added that EMS today is much more dedicated, structured, and providers have a lot more skills available to them. The patients have changed as well. "There is more on-scene care. TV and the media have had a lot to do with the perception of EMS. Expectations are much higher. "

With all the time, leadership, and commitment that Dr. Surber willingly gives to his community and EMS, he still has a chance to enjoy some recreation and hobbies. He is an avid gardener, plays the piano, and enjoys working on the computer. His future plans include expanding his gardening, particularly his Oppressed Herbarium collection, as well as continuing to mentor and work with the Norfolk Fire Department and Northeast Community College. When asked what the best advice he could offer to EMS providers is, he simply, but with conviction stated, "Lose the attitude. Do the right thing." Well stated and timeless advice. Thank you, Dr. Surber!

[Diane Hansmeyer is Retiring](#)

[By Sharon Steele](#)

After 25 years of service to the State of Nebraska, Diane Hansmeyer, the Administrator of the Rehabilitation and Community Services Professions, retired on September 6, 2011. Diane became an employee of the Nebraska Department of Health and Human Services on August 11, 1986. She began her career with the Department of Health and Human Services as a Coordinator in the Licensure division, then was promoted to Administrator, and has been in the Administrator position for a number of years.

Prior to working for the Nebraska Department of Health and Human Services,

Diane worked as a Nursing Home Administrator for approximately six years. She has also worked as an Information Administrator for three organizations, the Federal government, the College of Engineering, and State Government. She has a Bachelor of Science degree in Business Administration.

Diane did take a break in employment when she decided to stay home with her children for about 7 years. Diane and her husband Eldean have raised 3 children. She looks forward to enjoying her family, which now also includes 4 grandchildren, in her retirement years. Diane hopes to give back to the community during her retirement, she plans on doing some volunteer work in the community. However, she has no definite plans yet as to where or when she will volunteer. Plans for her retirement also include a Bucket List or various things that Diane would like to accomplish in her lifetime. One of the items in the Bucket List is traveling throughout the country.

Diane stated that she has enjoyed working with Emergency Medical Services (EMS). And, due to her working involvement with EMS, has a much better appreciation for what EMS does for the State of Nebraska. She further stated that she has developed many rewarding relationships at work and will miss many of the working friendships she has developed throughout the years.

Best wishes to Diane Hansmeyer for an enjoyable, rewarding retirement!

Scott Crawford Earns Hero Award

By Carrie Crawford



Scott Crawford

In this issue of the EMS Digest, we are featuring one of Nebraska's own EMS care providers and educators, Scott Crawford. Scott has 23 years experience in EMS as an educator and field clinician. He is a Firefighter/Paramedic and lead EMS instructor with the Omaha Fire Department in Omaha, Nebraska. He is also EMS Chief for the Scribner Fire Department and Rescue Squad in Scribner, Nebraska where he lives with his wife Carrie (Northeast EMS Coordinator), and their five boys. He has served as adjunct faculty with Nebraska educational institutions including Nebraska Methodist College, Southeast Community College, Northeast Community College and Central Community College. He was recognized as the 2010 NEMSA Instructor of the Year and received the 2010 Unsung Hero's Award for educational excellence by the National Association of EMS Educators.

We asked Scott to summarize his thoughts on what it takes to deliver quality emergency medical care to our patients in Nebraska:

"Primum non nocere, first do no harm. This primary edict for the practice of medicine advances the proposition that, at least through inference, there exists the potential to do harm. It is invoked when debating the use of an intervention that carries an obvious risk of harm but a less certain chance of benefit. Since at least 1860, the phrase has been for healthcare providers, a hallowed expression of hope, intention, humility, and recognition that human acts with good intentions may have unwanted consequences. This time honored concept has guided my heart, hands, and mind in issues surrounding patient care for the past two decades.

In the context of my medical practice, education and training, both primary and continuing, are requisite to the support of this doctrine. An EMS provider's motivation needs to be exocentric rather than egocentric. Morally and ethically I feel an obligation to my patients to bring as much to the bedside for their benefit as possible. I challenge myself to master the art internally that I may think critically, and by these endeavors am more available to deliver competent and compassionate patient care externally. The fact is, people will never care how much we know until they realize how much we care. The art of medicine is taking care of people; the science is in practice and contemplation of the craft. In my opinion, equal applications of both are required of the truly conscientious clinician. *Primum non nocere*, indeed."



Bob Olson

Bob Olson is Retiring

September 16, 2011, the date of the next EMS Board Meeting, will be the retirement date for Bob Olson. After 46 years in the NE EMS system, Bob has decided to take it easy.

Many of Bob's years in EMS were spent as a member of the Papillion Volunteer Fire Department (PVFD). Bob began his career with the Papillion Fire Department in April of 1965. Thirty-four (34) years later, Bob had held several positions on the Papillion Fire Department, those positions included serving as Chief, Rescue Captain, Paramedic Supervisor, President, Treasurer, and Assistant Chief. Bob completed the first paramedic class in Nebraska at Creighton/UNMC in 1976. Then, in 1981, Bob started the Paramedic Program for PVFD. Bob served on the Midlands Emergency Services Council of the Midlands. Federal grant funds were provided to PVFD for paramedic training, UHF radio equipment, defibrillators, field drugs/supplies, and matching money for an ALS transport vehicle. PVFD received one of the first Advanced Life Support (ALS) ambulance service licenses in the State of Nebraska, their ALS License is number three (3).

Bob was appointed by Gov. Thone to the Board of Ambulance Advisors in 1981, and to the Advanced Emergency Medical Care (Paramedic) Board in 1982. Bob worked with a legislative group to merge the two boards into the Emergency Medical Services (EMS) Board, and was a charter member. He was the initial Chairperson for the EMS Board, and served as Chair for all but two years. Bob served as Chair of the Site Visit committee and inspected well over a hundred (100) ambulance services across the State for EMS licensing.

Bob currently serves as Chair of the Sarpy County Hospital Authority #1. He served as Secretary in 1976, and, it was in 1976 that tax free funds were authorized to build Midlands Community Hospital in Papillion.

Bob has received the National Transportation Highway Safety Award, the Aksarben/Nebraska State Volunteer Fire Association firefighter of the year award, the EMS Association EMT of the year award, and is an Admiral in the Nebraska Navy. Additional organizational activities include, President of Tri-mutual Firefighters

Association for 3 years (23 Metro Area Fire Departments), President of Papillion Chamber and Float Parade Chair for 5 years, Civil Service Commission, Papillion Schools Foundation, Monarch Villa Board (elderly housing), and Papillion Gun Club.

Bob is retired from a 35-year State Farm Agency career. He and his wife, Karen, have three children and seven grandchildren.

Imperial EMS Celebrates 30 Years of Service

By Sharon Steele



Sharon Steele
Western Region
EMS Specialist

On May 19, 2011, Imperial Emergency Medical Services (EMS) celebrated 30 years of existence in Nebraska by hosting an Open House for their community at their new facility! Thirty years ago, in March of 1981, Imperial EMS was officially formed. Prior to March of 1981, Imperial Fire Department and Imperial Emergency Medical Services were combined as one organization. Then, in March of 1981 a decision was made to separate the group into two separate entities. It was in 1981 that the Imperial City Council decided to provide housing for the ambulances, some money, and a council liaison for Imperial EMS. A 1981 agreement was also obtained with Chase County, stating that Chase County would provide Imperial EMS ambulances, insurance, equipment and supplies. Thus, Imperial EMS was formed and the minutes of the first Imperial EMS meeting were recorded in March of 1981.

Though, Imperial EMS became an individual organization in 1981, the organization was housed in a building shared by the City Offices, Fire



Chase County/Imperial EMS

Department, and Imperial EMS. The building had been built in the early 1900s, with additions being added to the building as were needed by the community. Imperial EMS ambulances were housed towards the back of the building, allowing accessibility through the alley for ambulances to exit the building in order to respond to calls.

In 2009, consideration to build a new building for some of the community organizations began to develop. Meetings were held, information gathered, and discussion ensued. It was decided that the County would build a new building which would be able to house some of the entities they oversee, namely Imperial EMS, Emergency Management, and the local Handibus system. Thus, bids were accepted in February of 2010 for the construction of a new facility, and by October of 2010, Imperial EMS was able to move into the new building. The new building features a large meeting area, two individual offices, a small kitchen area, adequate bathroom facilities (including a shower area), a laundry, plenty of storage space, and the bay area is large enough to house 6 huge vehicles quite easily.

Members of Imperial EMS seem to be quite pleased with the new facility. And the new facility seems to have assisted in sparking some community interest in EMS activities. Currently, there are six people enrolled in an EMT class that is being taught in the community. It is hoped that all six of these individuals will be able to join the Imperial EMS squad as Emergency Medical Technicians upon completion of the training. Two open houses have been held in 2011 in the new building, one in January and the second in May, giving community members ample opportunity to view the new facility.

Currently, there are approximately 20 active members on Imperial EMS and four honorary members. (Honorary members are individuals that have either retired or have gotten physically injured, they no longer actively participate on calls for Imperial EMS.) In addition to providing emergency medical services to the community, Imperial EMS also sponsors additional community activities throughout the year. The honorary members can participate in any of the additional activities that are hosted by Imperial EMS. Some of these additional activities include the annual Christmas Party, a summer picnic for department members and their families, educational sessions for community events, providing food and gifts to 'Needy Families' at Christmas time, and organizing, as well as participating in a Haunted House in the Fall. The Haunted House assists in raising funds for Scholarships that are then awarded in the community.

Pride, dedication, improvement, and service to the community seem to be resounding qualities that are evident whenever discussion occurs about the Imperial EMS squad. After receiving their medical license, in order to ensure their medical skills are well maintained, Imperial EMS members regularly attend continuing education classes whenever possible. Additionally, the service was one of the first in the State to begin utilizing the eNARSIS system, an electronic database where patient care records can be stored, reviewed, and statistical information gathered. Imperial EMS has been willing to move quickly into the technological age by maintaining patient care records via a computer system. Furthermore, Imperial EMS is an organization that is well respected for their quick response when emergency medical attention is required. The group is indeed an organization that has been able to develop, maintain, and build upon the philosophy of contributing, giving, and assisting the community.



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