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## *EMS Voluntary Recognition Program*

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The Kansas Board of Emergency Medical Services has established a voluntary program to recognize those EMS services going above and beyond to better serve the citizens of their community. This program was developed with collaboration from representatives of Emergency Medical Services for Children, The Kansas Trauma Program, The Kansas Heart and Stroke Collaborative, Emergency Nurses Association, and other interested parties. The board has endorsed seven categories of recognition, each of which will have levels of Bronze, Silver, and Gold, which are attainable by each participating EMS service. (Every level above Bronze requires completion of all requirements for all levels below the level being requested.) The seven areas and the requirements for each level are outlined in this document. This program is strictly voluntary, and services can elect to participate in only the areas that they desire.



### **Kansas Board of EMS**

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# Cardiac Care

About 610,000 people die of heart disease in the United States each year; equating to 1 in every 4 deaths. Therefore, it is imperative all Emergency Medical Services in Kansas plan and train for optimal response and management of the cardiac patient. Doing so enhances the chance of survival following a cardiac emergency.

## **Bronze Level**

- a) All advanced providers (AEMT, Paramedic) currently certified in ACLS, or KBEMS approved equivalent.
- b) Destination protocols in place to transport to the most appropriate cardiac care center.
- c) QI-QA policies in place to monitor compliance with cardiac protocols and guidelines.

## **Silver Level**

- a) Validation of performance improvement project, through the use of measured outcomes and improvement strategies.
- b) Documentation of case reviews from tertiary cardiac care centers that include patient outcomes.
- c) Provide opportunities for quarterly education directly related to emergency cardiac care.

## **Gold Level**

- a) Provide opportunities for monthly education directly related to emergency cardiac care.
- b) Active participation in local/regional cardiac center multidisciplinary quality improvement meetings.

## **Resources:**

Journal articles in the following publications:

*Resuscitation and Circulation*, ACLS training manual.

Stormont Vail and University of Kansas Hospital on-line education offerings.

<https://stormontvail.cloud-cme.com/ap2.aspx?P=5>

Bound Tree University

<http://www.boundtreeuniversity.com/classroom/>

# Stroke

Each year, about 795,000 Americans have either a new or recurrent stroke. Every 40 seconds, someone in this country suffers a stroke. Stroke kills more than 137,000 people each year; every four minutes someone in the U.S. dies from a stroke. The longer a stroke goes untreated, the greater the chances for permanent neurological damage. Rapid recognition, and intervention is crucial in the treatment of strokes.

## **Bronze Level**

- a) All advanced providers complete a Stroke Certification Course, i.e., Advanced Stroke Life Support or BEMS approved equivalent.
- b) Destination protocols in place to transport to the most appropriate stroke center.
- c) QI-QA policies in place to monitor compliance with stroke protocols and guidelines.

## **Silver Level**

- a) Validation of performance improvement project, through the use of measured outcomes and improvement strategies.
- b) Documentation of case reviews from tertiary stroke care centers that include patient outcomes.
- c) Protocols in place implementing the use of a prehospital approved stroke assessment tool i.e., Cincinnati Stroke Scale, LA Stroke Scale, NIH or MENDS.

## **Gold Level**

- a) Provide opportunities for monthly education directly related to emergency stroke care.
- b) Active participation in local/regional stroke center multidisciplinary quality improvement meetings.
- c) Actively involved in public stroke awareness educational campaign.

## **Resources:**

N.I.H course

Journal articles in the following publications:

*Resuscitation and Circulation*, ACLS training manual.

# Trauma

Traumatic injuries are one of the leading causes of death and disability among Kansans. In addition, injuries occur disproportionately among both younger and older people. During this century, trauma has replaced infectious disease as the greatest threat to children. In recent years, traumatic injury has begun to receive long overdue recognition as a major public health issue.

## **Bronze Level**

- a) Destination protocols in place to transport to the most appropriate facility.
- b) 100% of service staff acquires a minimum of 8 hours of trauma education each year.
- c) EMS service staff member(s) actively involved in the Regional Trauma Council.  
(Participate in 50% of RTC meetings).

## **Silver Level**

- a) Centers for Disease Control and Prevention (CDC) Field triage guidelines written into policy and procedures.
- b) 25% of service staff shows certification in PHTLS, ITLS, or other KBEMS approved equivalent.
- c) Documentation of case reviews from tertiary trauma centers that include patient outcomes.

## **Gold Level**

- a) EMS service coordinates with a Trauma Medical Director in the development of trauma protocols.
- b) Develop a Performance Improvement and Patient Safety (PIPS) QI/QA plan and show evidence of educational provisions associated with the QI/QA findings.
- c) Active participation in the regional Trauma Council PIPS program.

## **Resources:**

Advanced Trauma Life Support manual

*Resources for Optimal Care of the Injured Patient, 2014.* American College of Surgeons.

KDHE Trauma

NAEMT

ITLS.org

# Pediatrics

Pediatric patients constitute a small, but unique percentage of EMS transports. This is generally a good thing and demonstrates how rare pediatric emergencies are, as well as how injury prevention and vaccination programs have ensured a healthy pediatric population. An unintended consequence is that EMS does not have the same familiarity with pediatric emergency care as it does with adult emergency medical care. Even though 25 percent of the population is pediatric.

## **Bronze level**

- a) 50% of service staff acquires a minimum of 4 hours of pediatric education each year.
- b) Identify a pediatric emergency care coordinator (PECC).
- c) Conduct education on the safe transport of pediatric patients.
- d) Develop policies and insure access of equipment for the safe transport of pediatric patients.

## **Silver level**

- a) 50% of service staff acquires a minimum of 8 hours of pediatric education each year.
- b) PECC has attained instructor status by a nationally recognized pre-hospital pediatric course (EPC, PALS, PEPP, etc)

## **Gold Level**

- a) 80% and above service staff acquire 8 hours of pediatric education each year
- b) Pediatric Education Coordinator is part of the QI/QA with receiving facilities/staff.
- c) Pediatric Education Coordinator is able to show evidence of implementation of injury prevention programming based on needs assessment of the community.

## **Resources:**

1. Kansas EMSC - [www.kdheks.gov/emsc](http://www.kdheks.gov/emsc)
2. EMSC National Resource Center – [www.emscnrc.org](http://www.emscnrc.org)
3. NASEMSO Pediatric Council - <http://www.nasemso.org/Councils/PECC/index.asp>
4. Kansas Safe Kids - <http://www.safekidskansas.org/>
5. Safe Transport of Children in Ambulances - <http://www.nasemso.org/Councils/PECC/Documents-Resources.asp#Safe>
6. Education - <http://www.emscnrc.org/emsc-resources/toolboxes/pediatric-patient-safety-toolbox>
7. On-line Education - <http://www.emscnrc.org/emsc-resources/online-training>
8. Education (EPC) – <http://www.naemt.org/education/epc/epc.aspx>
9. Education (PEPP) - <http://peppsite.com/>

10. Educaton (PALS) -

[http://cpr.heart.org/AHA/ECC/CPRAndECC/Training/HealthcareProfessional/Pediatric/UCM476258\\_PALS.jsp](http://cpr.heart.org/AHA/ECC/CPRAndECC/Training/HealthcareProfessional/Pediatric/UCM476258_PALS.jsp)

# EMS Safety

Emergency Medical Services is a dangerous job. Every day we read about another EMS practitioner who have been hurt or killed in the line of duty. EMS providers work under unpredictable circumstances, at odd hours, with limited information, assistance, supervision and resources in the field. During a shift, pre-hospital care providers can be exposed to risks ranging from infectious diseases to stress, fatigue, violence, high speed responses and road/traffic conditions. We need to take action ourselves to make sure we go home at the end of the shift.

## **Bronze level**

- a) Conduct an EMS safety needs assessment, data related to injuries, call volume, accidents, seat belt use, response policies utilizing a survey and/or interview process.
- b) Yearly provider education on lifting, Proper lifting, safe driving, infectious disease, equipment storage, and safety equipment usage.
- c) Implementation of Safety Officer Program; designation of a person and implementation of a program.

## **Silver level**

- a) Verifiable health policies in place. (Plan for health awareness, CIS teams, gym membership, provider fatigue, healthy eating, etc)
- b) Show evidence of safety culture in service.

## **Gold Level**

- a) 50% of service staff acquire NAEMT - EMS Safety or T.I.M.S certification or KBEMS approved equivalent.

## **Resources:**

AAA Driver Improvement Program, EVOC, CEVO NAEMT

Provider fatigue articles

EMSA Fit Medic

NAEMT

# Compliance

The Kansas Board of Emergency Medical Services exists, primarily, to ensure that quality out-of-hospital care is available throughout Kansas. This care is based on the optimal utilization of community resources that are consistent with the patient's needs. The delivery of optimal care is supported through the adoption of standards; definition of scopes of practice; and provision of health, safety, and prevention education and information to the public, Emergency Medical Services, Emergency Medical Services providers/instructors, related health care professionals, and other public service and political entities.

## **Bronze level**

- a) Zero deficiencies in administrative inspection.
- b) Zero program provider delinquent reporting deficiencies.

## **Silver level**

- a) Zero deficiencies on final inspection report (per inspection policy).
- b) Zero deficiencies in education audit.

## **Gold Level**

- a) Zero deficiencies (critical and non-critical), includes administrative and vehicle.

## **Resources:**

KSBEMS.org



# Community Outreach

Research has shown that the current Emergency Medical Services model saves countless lives. Through evidence based medicine and quality assurance programs, we continually update our protocols and practices to improve our effect on morbidity in our communities. We must now take into consideration how we can expand our services to the community and effect death and disability in another way. EMS services are addressing this is with injury-and illness prevention programs, and training lay persons in early CPR and defibrillation, early stroke recognition programs and education on EMS utilization.

## **Bronze level**

- a) EMS service staff coordinates and conducts two community CPR events.
- b) Sponsor one community outreach program: Stop the Bleed, Friday Night lights, ATV safety, farm safety, geriatric fall prevention, bike helmets, etc.

## **Silver level**

- a) Provide one public presentation on proper EMS utilization.
- b) Conduct two or more community outreach programs: Stop the Bleed, Friday Night lights, ATV safety, farm safety, geriatric fall prevention, bike helmets, etc

## **Gold level**

- a) Community Needs Assessment - Identifying and addressing local special populations through guidelines, policies, protocols and/or education (i.e. sepsis, LVAD, CWSHCN, Hemophilia, diabetes) bike helmets for kids, atv safety, farm safety, wind turbines, AED placement, refineries, care/transport of obese patients, etc – Documented actions.
- b) Participate in the implementation of a community injury prevention program/initiative.

## **Resources:**

Safe Kids Kansas

KDHE Injury prevention Poison control center

American Heart Association

American Red Cross

Stroke collaborative

