



SC DHEC
Bureau of EMS
2018 State of the State
Rob Wronski

South Carolina Department of Health and Environmental Control
Healthy People. **Healthy Communities.**



Annual Changes - Agencies

2016

258 EMS Services

1857 Ambulances

1,361,958 ePCRs

2018

263 EMS Services

1733 Ambulances

1,349,373PCRs

2017

265 Services

1888 Ambulances

1,365,329 ePCRs

Annual Changes – Personnel

- Flat or loss of personnel since at least 2014
- In 2017, we have finally seen some increases in personnel in total numbers, but flat or losses in “active” personnel. Active personnel are defined as on a roster and entering a PCR within the last 12 months.

Personnel Changes

2016

- 9,834 Credentialed Personnel
- 5425 EMT's
- 315 Intermediate's
- 339 AEMT's (+40%)
- 3675 Paramedics

2017

- 10,537 Credentialed Personnel in SC (+6%)
- 6296 EMT's (+14%)
- 393 AEMT's (+14%)
- 3786 Paramedics (+3%)

**** Only 8,025 active (76%)**

Personnel Changes – AT's

2016

886 Athletic Trainers

2017

1007 Athletic Trainers
(+13%)



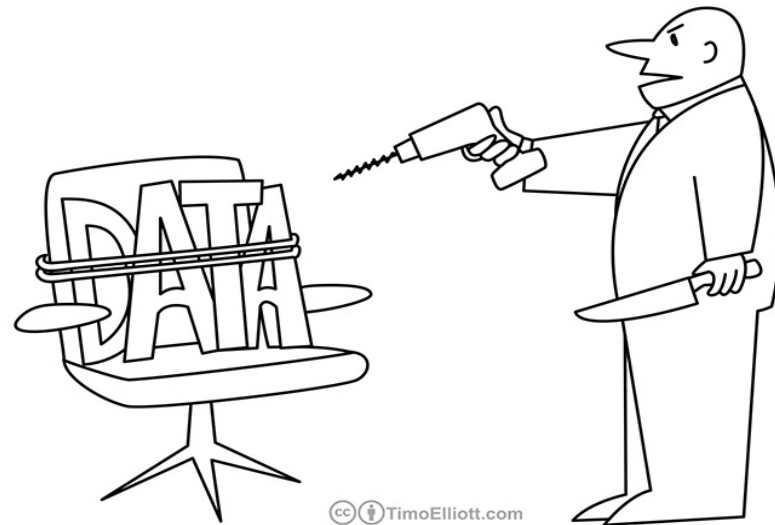
- (2014) 12 EMS Division Personnel
- (2015) 14.5 Bureau of EMS Personnel
- (2016) 16.5 Bureau of EMS Personnel
- (2017) 21.5 Bureau of EMS Personnel
- 3 Division Directors (EMS, Trauma, Data) 1 Contract Epidemiologist
- 1 Training and Certification Manager 2 Contract Medical Control Physicians
- 4 Inspectors 1 EMS Bureau Chief
- 1.5 Training / Cert Program Assistants
- 1 Compliance Manager (Filled since then)
- 1 EMS-C Program Coordinator 2018 Projected
- 1 Admin Goddess for Division of EMS / Grants Coordinator No New Requests
- 1 Trauma Registrar
- 1 Trauma P.I. Coordinator (Filled since then)
- 1 Stroke / STEMI / Sepsis Coordinator
- 1 Admin Asst for Trauma Division
- 1 Opioid Emergency Program Coordinator



‘Meat and Taters’ Daily Ops

		2015	2016	2017
Agency Inspections		131	141	145
Vehicle Inspections		606	611	637
Investigations		67	85	82

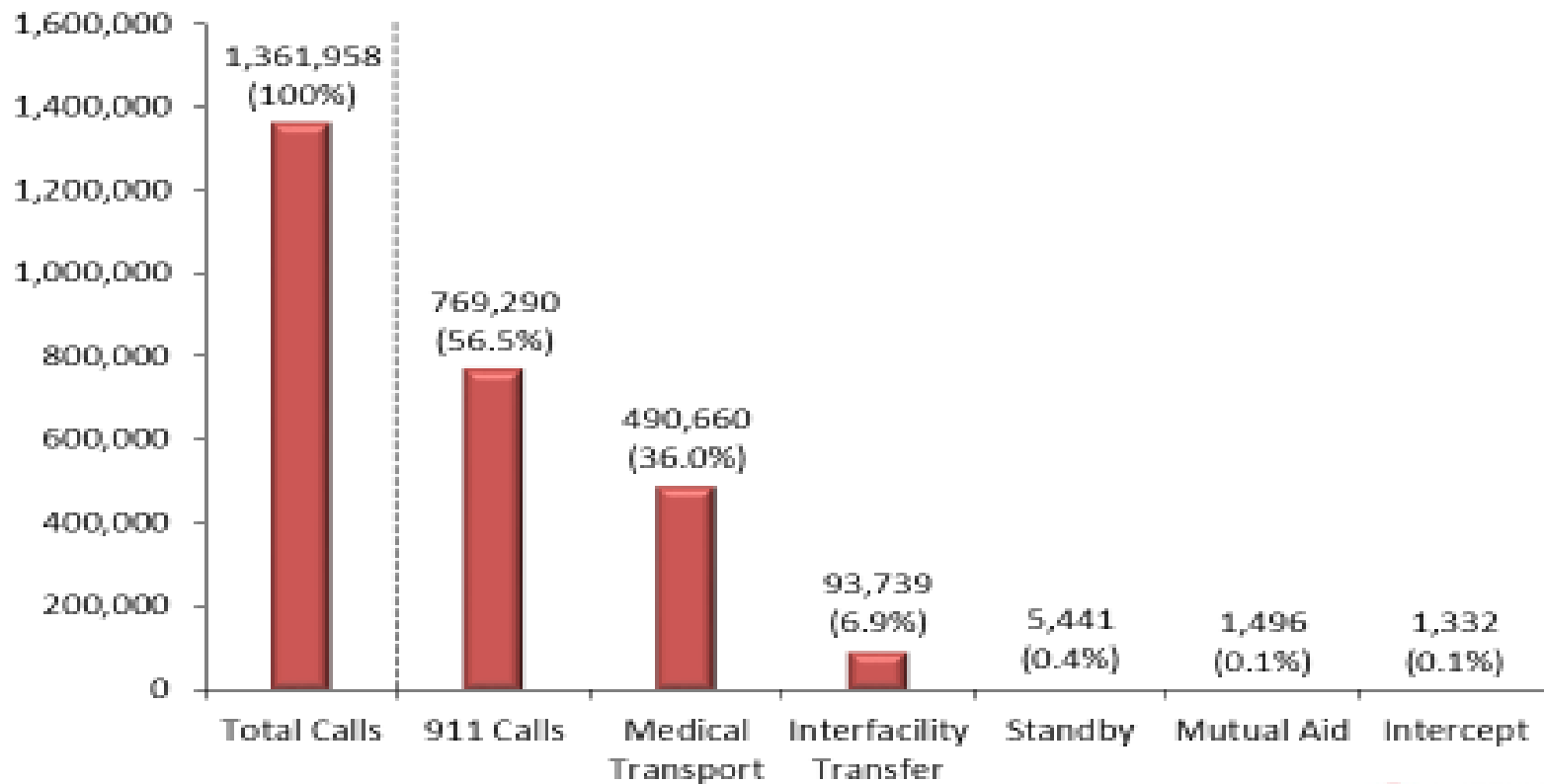
State Data at a Glance...



“If you don't reveal some insights soon, I'm going to be forced to slice, dice, and drill!”

March 2017

Total PCR's



What do we do with these data?

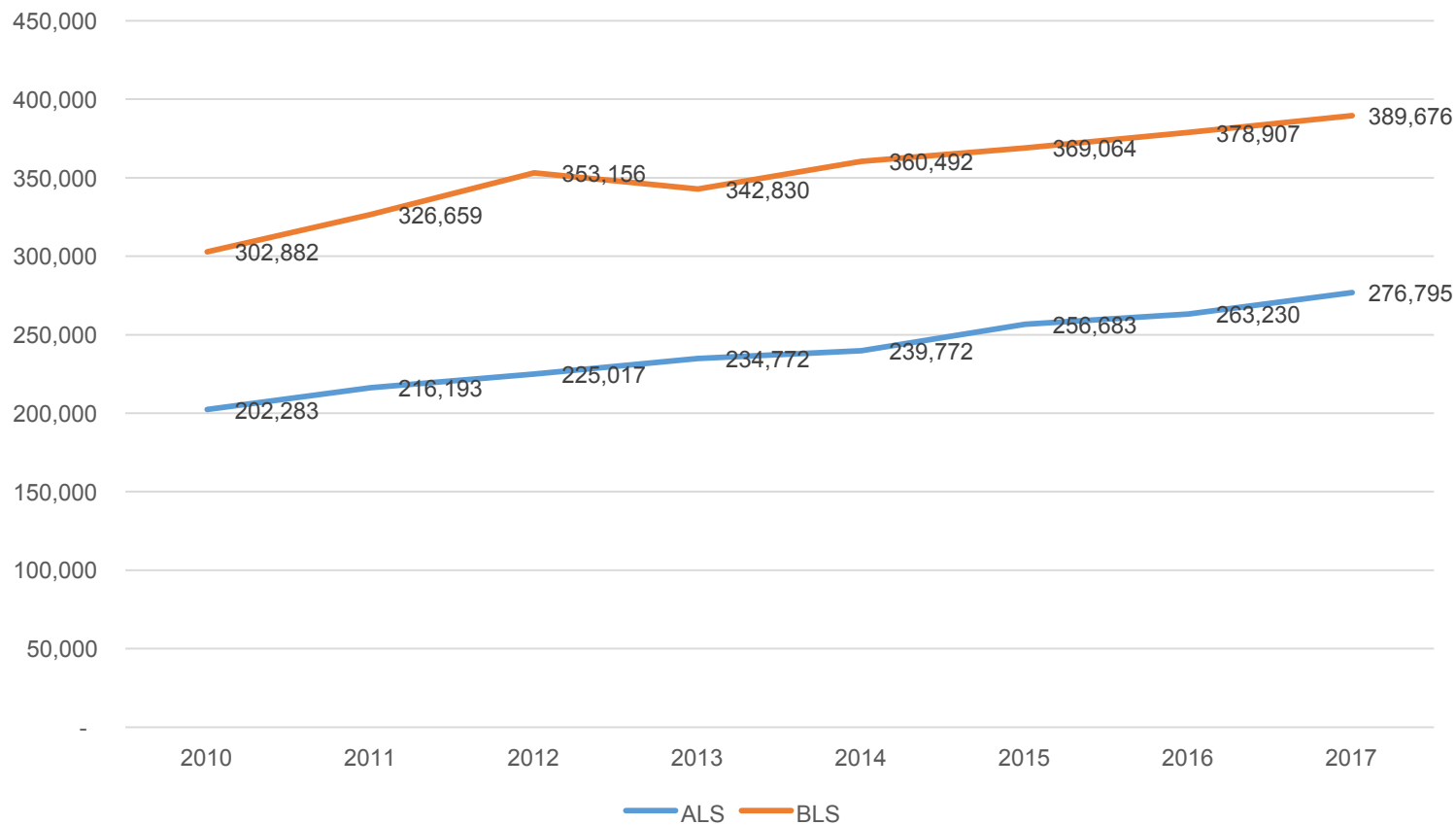
- Total Call Volume DOWN
- 911 UP
- Inter-facility / Med Transports DOWN
- Total Ambulances DOWN (155)
- Total Services FLAT
- Causational hard to prove
- Correlation is easy to SAY harder to prove, but we use best information available
- So what does the data tell us?

Less Calls, Less Ambulances

- Medicare Pre -Authorization Pilot reduced total medical transports, and existing agencies reduced total number of on road units by 155 or 7%
- YOU as a regulated community took the RIGHT patients to the RIGHT facility at the RIGHT time and reduced inter -facility transports by not doing a “drop and run” with your patients



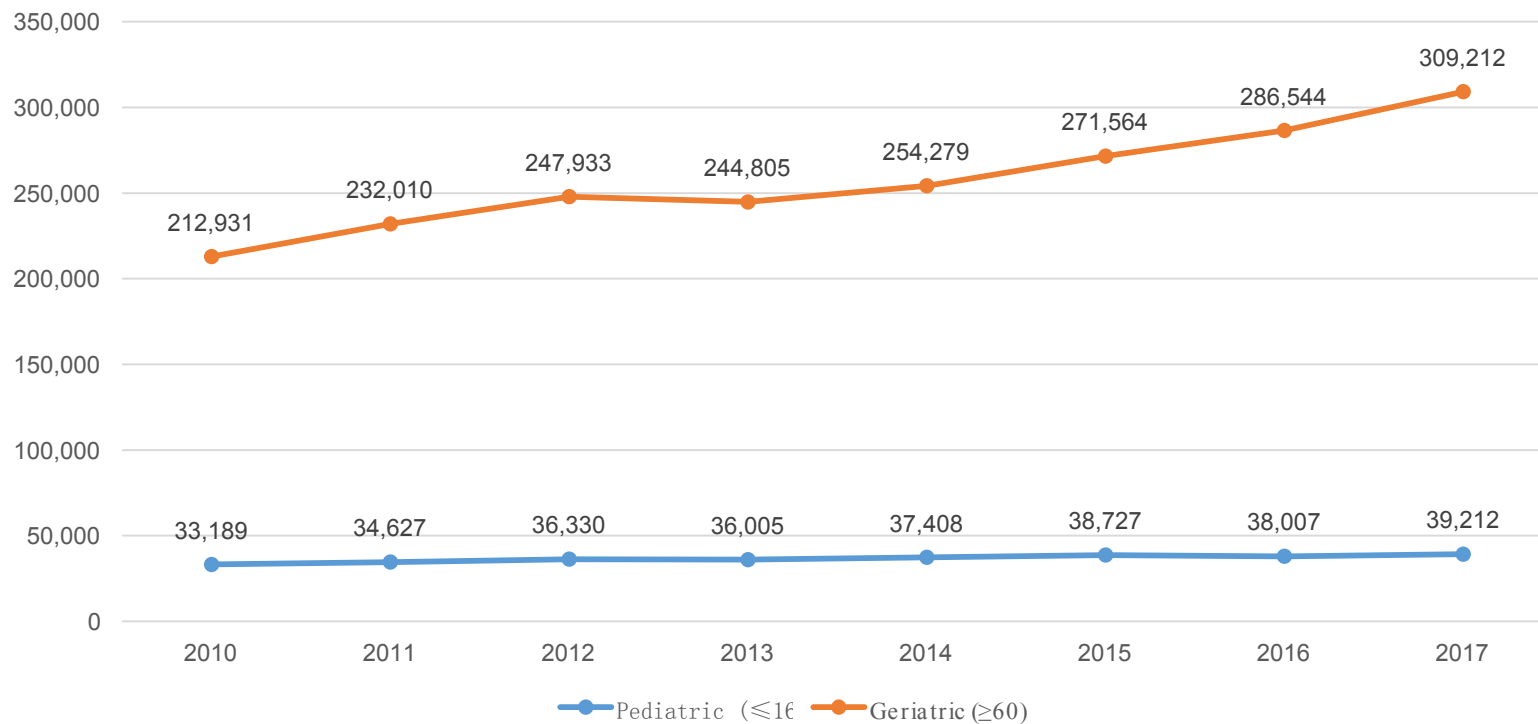
ALS and BLS Calls





Pediatric and Geriatric Calls

Pediatric and Geriatric Calls



Top 5 Provider Primary Impressions

(9-1-1 calls ONLY)



2015	2016
South Carolina	South Carolina
Traumatic Injury 106,514 (25.3%)	Traumatic Injury 105,770 (25.4%)
Abdominal Pain/Problems 51,705 (12.3%)	Abdominal Pain/Problems 51,659 (12.4%)
Respiratory Distress 49,168 (11.7%)	Respiratory Distress 48,988 (11.7%)
Chest Pain/Discomfort 42,762 (10.1%)	Chest Pain/Discomfort 42,425 (10.2%)
Behavioral/Psychiatric Disorder 42,084 (10.0%)	Behavioral/Psychiatric Disorder 40,828 (9.8%)



Top 5 Provider Primary Impressions 2017

Primary Impression Version 2	Frequency	Percent
959.90-Traumatic injury	65,949	24.52
789.00-Abdominal pain/problems	33,395	12.41
786.09-Respiratory distress	31,991	11.89
312.90-Behavioral/psychiatric disorder	27,663	10.28
786.50-Chest pain/discomfort	27,456	10.21

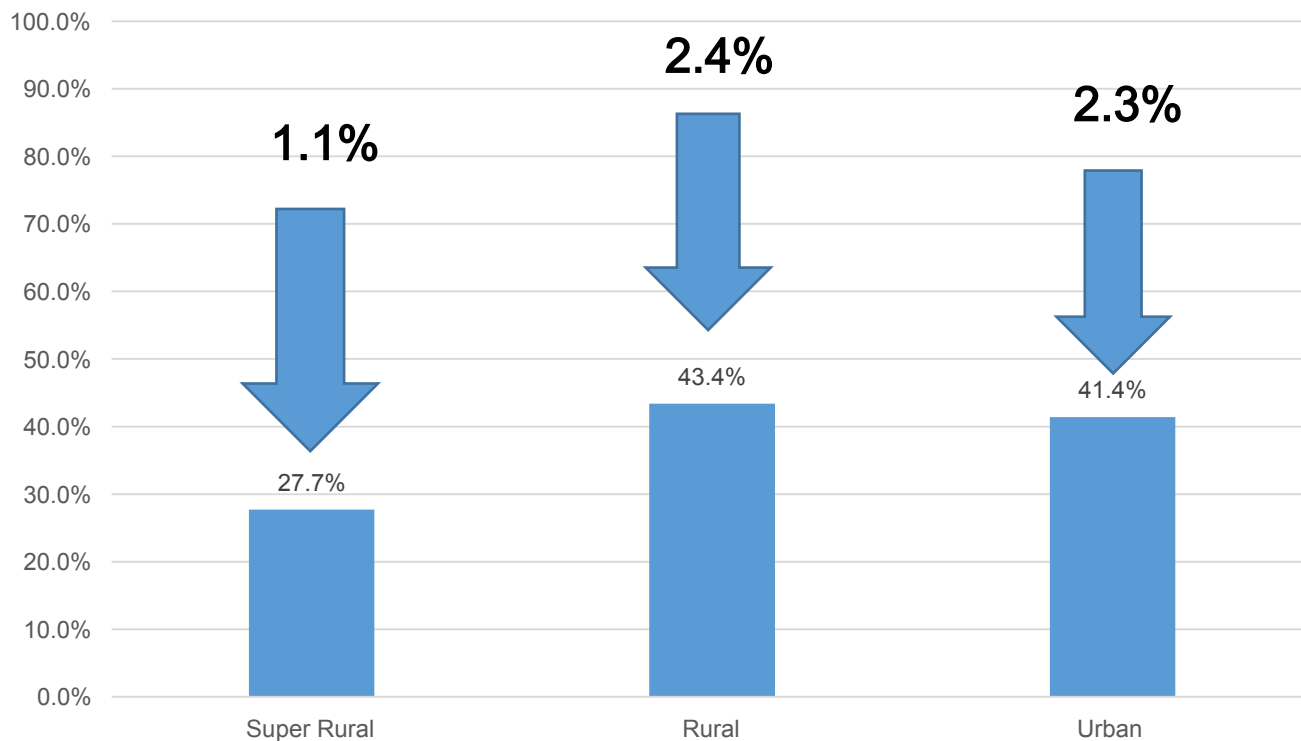
There are now more than TEN times as many ways to code calls from v2 to v3

Hundreds of choices with ICD -10 and SNOWMED codes versus the previous 27 that we used to choose from

Primary Impression Version 3	Frequency	Percent
R53.1 - Weakness	42,276	12.61
T14.90 - Injury, unspecified	27,487	8.2
N17.8 - N17.8 Kidney Failure	17,008	5.07
Z00.00 - Encounter for general adult medical examination	15,559	4.64
R10.9 - Unspecified abdominal pain	12,028	3.59
R52 - Pain, Unspecified	11,953	3.56
R07.9 - Chest pain, unspecified	11,306	3.37
R41.82 - Altered mental status, unspecified	9,454	2.82
J80 - Acute respiratory distress syndrome	8,056	2.4
F99 - Mental disorder, not otherwise specified	7,073	2.11

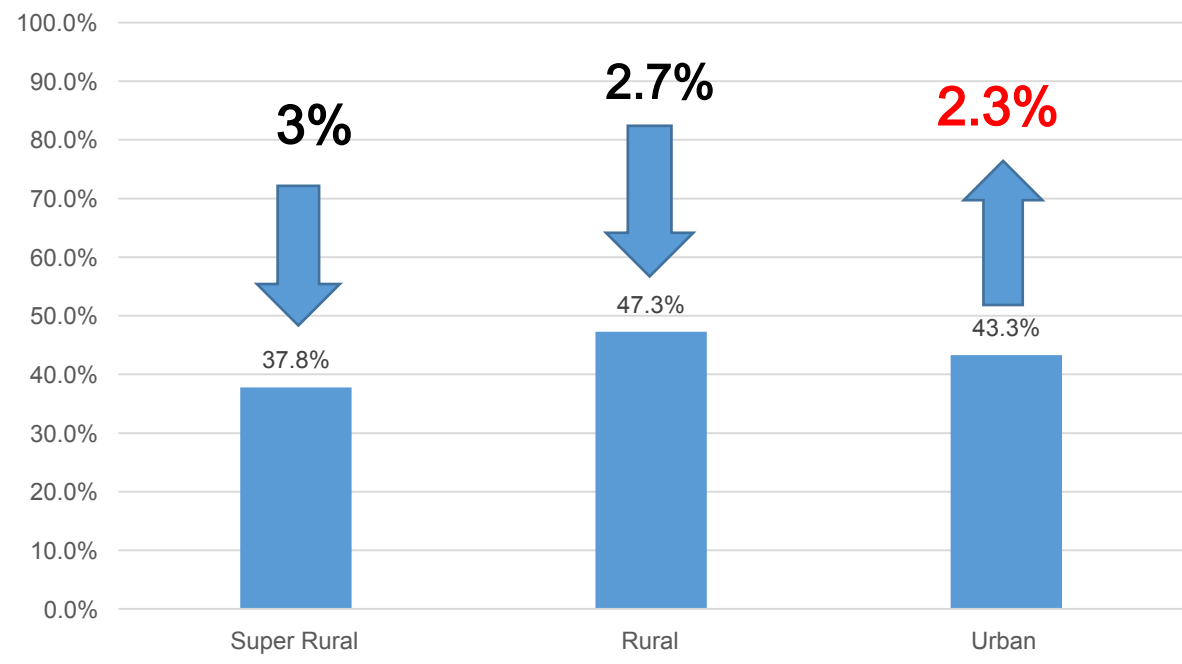


2017 Stroke Calls Scene Times \leq 15 Minutes





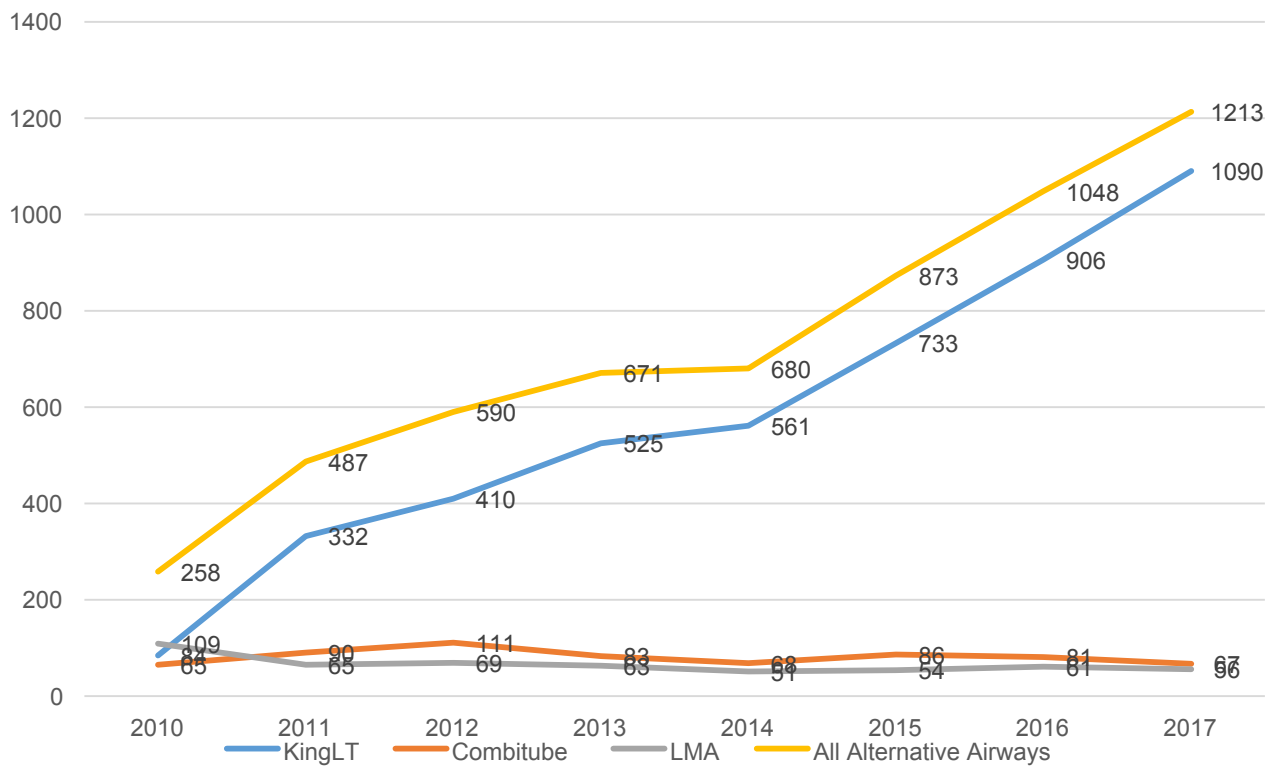
2017 Trauma Calls Scene Times \leq 15 Minutes





Alternative Airway Attempts

(KingLT, Combitube, or Laryngeal Mask)

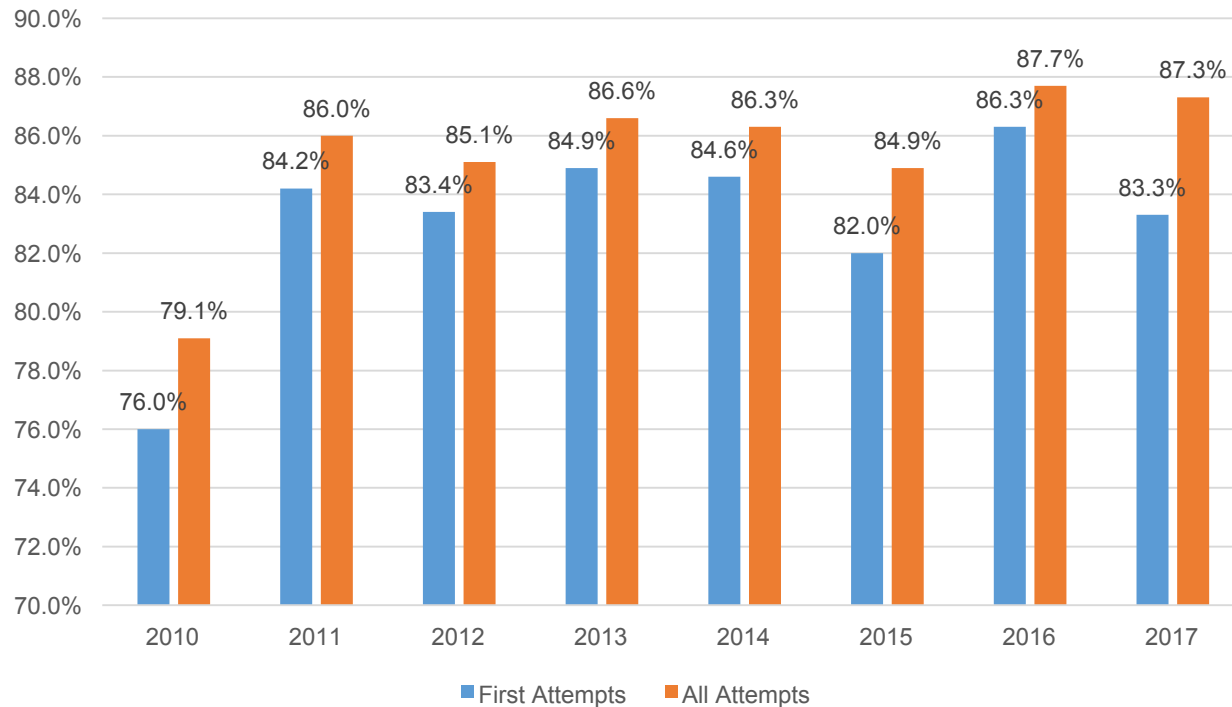




March 2018

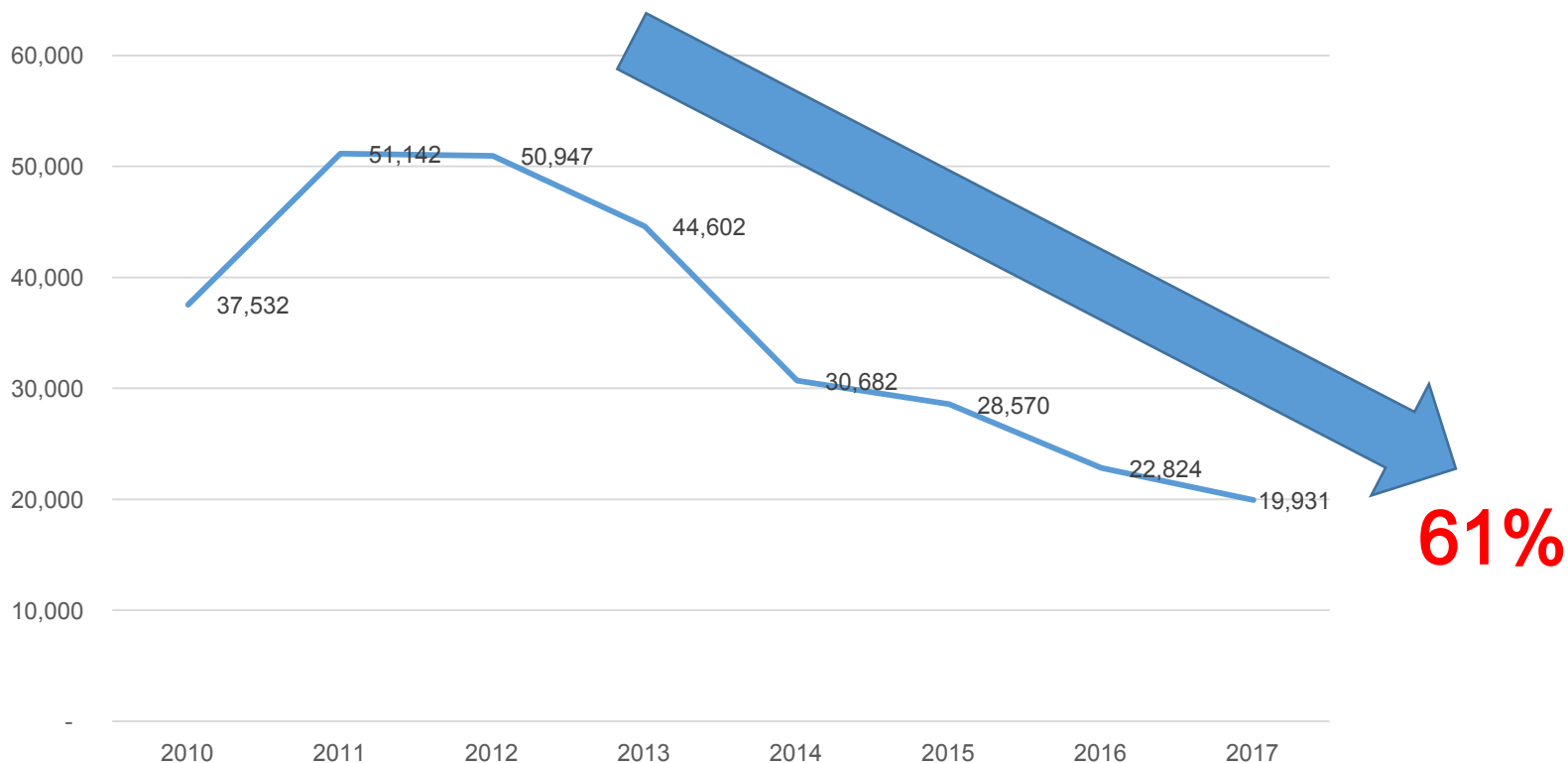
Alternative Airway Success

(KingLT, Combitube, or Laryngeal Mask)





Spinal Immobilization

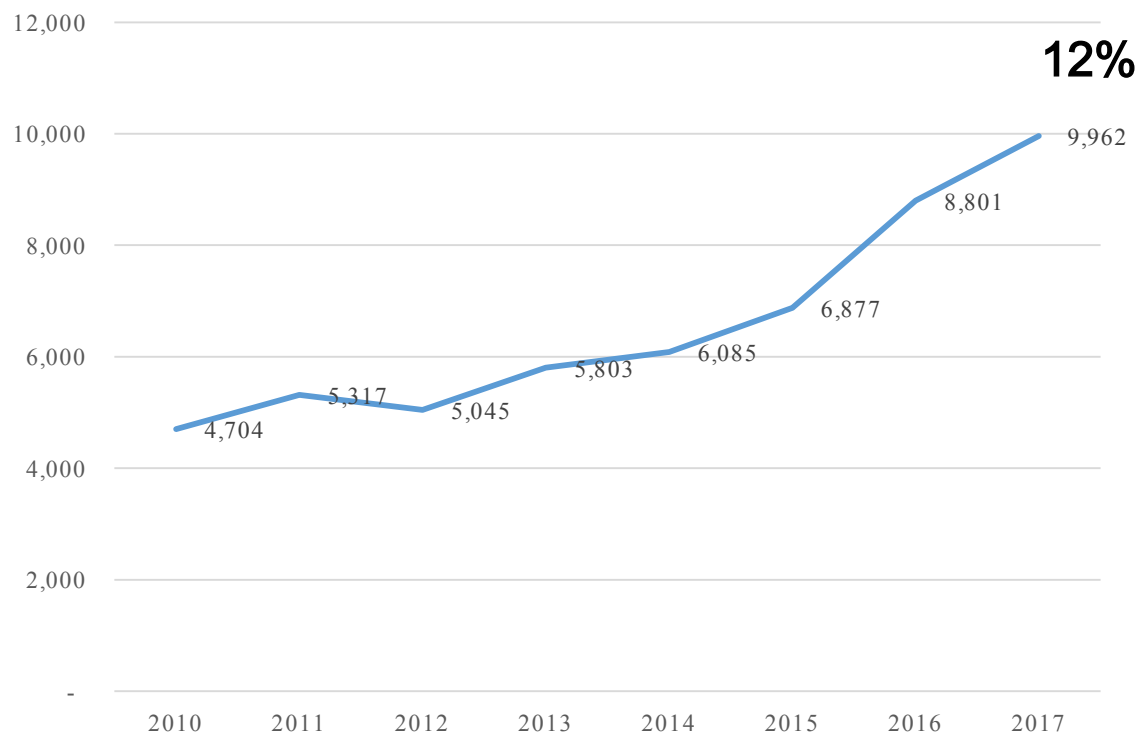


Accomplishments

- We survived yet another natural disaster, near miss but still a good whack. Approximately 900 people (medical) evacuated inland
- Less hands on this year, local resources deployed as required and “handled their business”
- Hats off to everyone, but please recognize our Private EMS Partners and rescue squads!
- Not one request went unfilled
- Yes, we had oxygen !



Narcotic Administrations

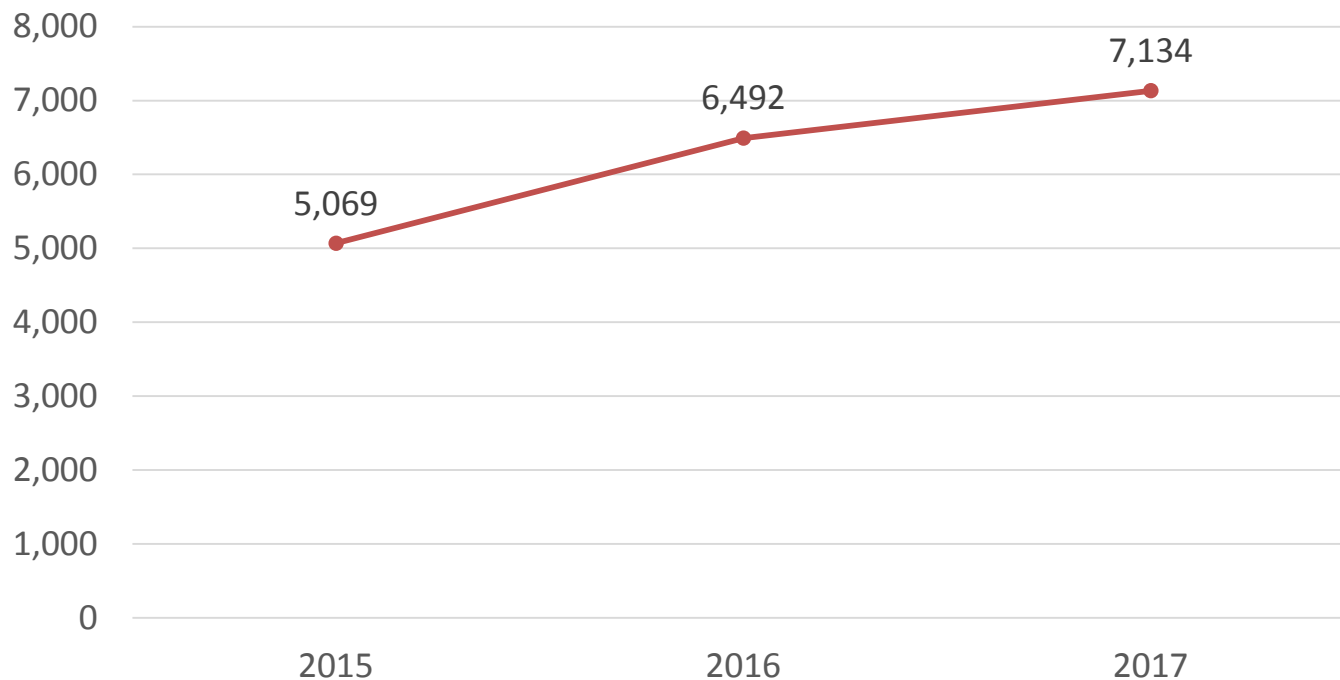


31%
Since allowing
offline
administration

Narcotics include: Fentanyl, Hydrocodone, Hydromorphone, Ketorolac, Morphine, Narcotic, Nitrous Oxide, Oxycodone, Percocet and Toradol



Naloxone Administration





Accomplishments

- State Wide NARCAN Initiative expanded
 - 4755 Officers Trained
 - 236 Deployments
 - 218 Patients, 211 Saves (97% success rate)
 - CPR was in progress in 28% of patients (61/218)
- Wrote, presented, DHEC Board approved Stroke Regulation, currently awaiting time -out in Legislature; will take effect July 1, 2018
- FAST RACE Tool is now REQUIRED in your local protocols as well as mandatory reporting of a RACE score on EVERY suspected stroke patient

Accomplishments

- Pediatric ER Recognition Program has been piloted and will begin full swing soon
- Protocols approved for CP, will be coming out of pilot
- Skills List expanded to allow maximum scope at minimum levels (EMT Injectable Epi, increased meds list, Expanded bleeding control)

Accomplishments

- Released 2017 State Wide EMS Protocols
 - Procedures to be released in 2018
- FAST Team expanded and grant renewed for 2018 -19
 - \$10s of thousands paid out in insurance benefits
 - More than 50 deployments
 - ETLS Classes coming in 2018
- First EMS Association Legislative Breakfast
 - More than 300 attendees
 - Legislators were searching out their constituents
 - Legislative agenda discussed, picked up new sponsors for REPLICA

NHTSA Assessment

- NHTSA conducted first statewide EMS assessment in 20 years (1996)
- Presented state data, initiatives, programs, etc for 2 full days
- Had first ever Q&A session from floor
- If you weren't there, you missed a chance to effect change
- Received an excellent report and great recommendations
- We are creating a State EMS Plan committee

What's Coming?

CONTINUUM

- Yes, its been a rough roll out
 - You have been amazingly patient
 - We experience the same growing pains
 - It is, and will be, a better system than CIS / PreMIS
-
- New State Forever EMT ID Cards (F-ID)
 - Online RE-certification (June, Initial will still be paper)
 - Updates to DNR Statute complete, training should also be complete (Rep Duckworth)

What's coming?

- Our current patches are mismatched, incorrectly labeled, and different sizes and shapes
- If you're OK with this, great; if not...



Fancy Prize Giveaway !

- How many naloxone administrations were provided by EMS from 2014 - 3/12/2018 ?
- Stop by and write down your guess



Courtesy of the



On Going Projects

- REPLICA
 - Currently have companion bills moving through Legislature
 - Favorably came out of House
- Work Force Study
 - Is there a shortage?
 - Lead by EMS Association, Chaired by Chief Ryon Watkins
 - Subcommittees working hard

Hot Issues

- Guns on Runs
 - There is no DHEC statute or Regulation that prevents carrying concealed on an ambulance
 - Local policies ARE enforceable
 - Your weapon can easily become their weapon
 - Do you really want a bad element thinking EMTs are carrying weapons?



PROHIBITED CARRY LOCATIONS

A Concealable Weapons Permit (CWP) holder is prohibited from carrying a handgun at these locations :

-Premises of private or public school, college, university, technical college, other post secondary institution (without express permission of person in charge of premises)(Section 16-23-420)(Felony - \$5000 and/or 5 years imprisonment)

-Inside public -owned buildings of any kind, except at Interstate highway rest areas (Section 16-23-420)(Felony - \$5000 and/or 5 years imprisonment)

-Inside an establishment licensed for on -premises consumption of alcohol (Section 16-23-465)(Misdemeanor - \$2000 and/or 3 years imprisonment)

-Into a private residence without permission of owner or person in legal control or possession, as appropriate (Section 23-31-225)(Misdemeanor - \$1000 and/or 1 year imprisonment)

-A place where carrying is prohibited by proper sign (Section 23 -31-235)(Misdemeanor - \$200 or 30 days imprisonment)



A CWP does not authorize carrying a firearm :

- Into a law enforcement office or facility
- Into a detention or correctional facility
- Into a courthouse or courtroom
- Into a polling place on election day
- Into an office or business meeting of a governing body of a county, public school district, municipality, or special purpose district
- Into a school or college athletic event not related to firearms
- Into a day care or pre-school facility
- Into a place where carrying of firearms is prohibited by federal law
- Into a church or other established religious sanctuary, except with express permission of the appropriate church official or church governing body
- Into a hospital, medical clinic, doctor's office, any facility where medical services or procedures are performed, except (employees of the facility) with express permission of the employer

Violation of these provisions is a misdemeanor – not less than \$1000 and/or imprisonment for 1 year and revocation of permit for 5 years.

Directions...

- Remain visible in the community
- Pursue additional Pilot Programs and research abstracts / papers
- Combat provider suicides, encourage use of programs for assistance
- Be a resource for agencies, not just a regulatory body. We won't tell your secrets, or take credit for your work....call us first!
- That being said, remain as hands off on local issues and allow local jurisdictions to solve local problems



South Carolina Department of Health and Environmental Control
Healthy People. Healthy Communities.

CONTACT US

SCEMSPORTAL.ORG

@SCEMS1

Stay Connected

