



The Lancaster EMS Monitor

Tenth Issue, Fall 2010

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Lancaster EMS Welcomes New Medical Director

Lancaster EMS would like to welcome Dr. Reihart, Lancaster General Hospital Emergency Physician, as our new medical director. Dr. Michael John Reihart was born in Columbus, GA at Fort Benning where his father was a JAG officer in the army. He currently lives in Columbia, PA with his wife, Melissa, and two boys, Brogan Michael, age 6, and Kieran Michael, age 1.



Dr. Reihart started his career at age 15 as a volunteer at York Hospital's Emergency Department. He then became an EMT at age 16. He worked with Grantley Fire Company Ambulance, Medic 97, City Ambulance 74-1 and White Rose Ambulance.

He is a 1983 graduate of York Suburban High School, a 1987 graduate of Lebanon Valley College, a 1993 graduate of Philadelphia College of Osteopathic Medicine, and finished his residency at Albert Einstein Medical Center with Philadelphia Emergency Department in 1997.

Besides working for Lancaster General Hospital, Dr. Reihart works for the EHSF, as Regional Medical Director Chairman, State Medical Advisory to the Department of Health and Expert Witness.

Some of his accomplishments include Diplomat and Fellow of American Board of Emergency Medicine, Pennsylvania Emergency Medical Physician of the Year 2007, Alumni Citation Lebanon Valley College 2010, Lancaster General Health Physician Leadership Academy 2009.

When asked what he would say was the biggest change in his career since he started, Dr. Reihart stated that "as awful as the war on terror has been for our soldiers in Iraq and Afghanistan, amazing new healthcare technology and protocols have begun to emerge for the care of trauma patients. I look forward to the continued new medical devices and science, allowing us as EMS providers to provide state-of-the-art care. My concern is the technology is expensive and EMS is forced to expand care without any increase in reimbursement."



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Tricks of the Trade

Hey everyone,

Here is one more Trick of the Trade for you.

First, we all remember to wash our hands and clean our uniforms on a regular basis. If we have a dirty or contaminated pt we might quickly wipe our stethoscope down with an anti-bacterial wipe. What most of you don't know is that this is actually damaging the tubing of your scope. In order to maintain the highest possible acoustic levels your stethoscope tubing must remain nice and pliable. Wiping it down with alcohol, anti-bacterial wipes or even wearing around your neck (due to the oils released by your skin) can cause damage to the tubing by drying it out and eventually cracking it. Even the stethoscope sleeves offer little protection from our skins oils. Remember how



when you first bought that \$50-200 stethoscope how shiny it was? Now several months in I'm betting it looks pretty dull. Every once in awhile, remove the rubber o-rings and the diaphragm and wash your whole scope in warm soapy waters with a mild dish detergent such as Dawn. While you're at it, remove the ear pieces and clean those too. Allow it to dry and then wipe the tubing and o-rings down with Armor All making sure not to leave any excess. This keeps your scope nice and pliable and will extend the life of your investment. Also try to avoid leaving your scope on the dash of the trucks or on the rearview mirror, the sun light causes havoc on the rubber.



Upcoming Events

Fall Staff Meetings – TUE NOV 16, 19:30 & THU NOV 18, 07:30, West Station. Main agenda will be EE benefits/open enrollment; Health insurance coverage for 2011, retirement/401(k). Chance for anyone attending to win \$10 with the *Bob May* Q & A portion of the meeting.

Staff Holiday Luncheon – MON DEC 20, 11:00 to 13:00 – East & West Stations, on-duty & off-duty welcome.



Letter from the Editor

Happy Fall to everyone! This issue has been a little long in the making, but I hope you will find it well worth the wait. In this issue we introduce our new Medical Director, the LGH Trauma Team, and LRMC and HLRMC's recent updates as well. We also feature some of our employees who continue to receive awards and certifications, proving that Lancaster EMS continues to be one of the area's leading state-of-the-art EMS organizations.



As fall has approached and we get to enjoy a short relief from the heat

before the cold air moves in, our call volumes continue to grow and our many Paramedic and EMT students begin their clinical time on the trucks. We welcome our new students and volunteers and hope that they get the most out of their experiences with our organization.

Our Medical Director will also be doing ride-a-longs with our crews to establish a rapport with our providers as well as helping with performance improvement and updated protocols.

Something else to note is that we are coming to a finishing point with our new, greatly improved, website and hope to have it up and running soon. When this happens, we will be able to share a lot more of ourselves with the community and the community will have a chance to give us feedback as well.

Please stay tuned as we continue to grow, improve and reach out to the communities in which we serve. Enjoy the upcoming Holidays and stay safe!



New Medical Director, continued from page 1

Although this was tough to narrow down, Dr. Reihart was able to come up with some of his most memorable experiences while working in EMS:

"I delivered a baby at a house in New York City at age 19 as an EMT. I still remember the amniotic fluid and blood soak through my pants as I knelt on shag carpet covered with cockroaches.

I was moonlighting in a very small ED in Roxborough, PA when I had a young 19year old man walk through the door. He said he was shot. I asked him how many times he heard the gun go off and he said 'a lot'! I was the only doctor in the ED. He had sustained at least 6 bullet wounds including a transthoracic GSW that had damaged both pulmonary arteries. I used all the hospital resources, which were very limited. I placed two chest tubes and a central line and dialed 911. By the time the on-call surgeon arrived, I was loading the patient into the back of a Philadelphia Rescue Ambulance. The patient was transported to the local trauma center at MCP. He had cardiothoracic surgery and was discharged without any disability within a week of the shooting.

Ask me why my son is named Brogan.

I saw a 4 year old boy with Meningococemia at LGH named Brogan. He had a greater than 95% mortality rate. I made the diagnosis on clinical grounds and did not wait for blood work to delay treatment or transfer. The patient survived without disability. When his mom asked him about his memories on Life Lion several weeks after recovery, he told his mom he was surrounded by beautiful, bright gold Angels. This again proves there is so much more to medicine that involves a power much greater than us!

Nickel Mines, enough said!"

Outside of work, Dr. Reihart enjoys fishing, hunting, hiking, target shooting and spending time with his wife and two boys.



Meet the LGH Trauma Team

Trauma Surgeons

All of our trauma surgeons are specialty-trained in trauma and critical care and are dedicated to achieve the optimal outcome for you or your loved one.

Frederick Rogers, MD, MS, FACS

Medical Director, Trauma Center

Dr. Rogers is a graduate of the University of Vermont College of Medicine. He completed his residency at the University of Illinois at Chicago.



Medical Education at St. Francis Medical Center in Trenton, NJ.

Tracy Evans, MD

Dr. Evans is a graduate of New York University School of Medicine and completed her fellowship at Westchester Medical Center in New York.



John Lee, MD, FACS

Associate Medical Director, Trauma Center

Dr. Lee is a graduate of Albert Einstein College of Medicine, Yeshiva University in New York. He completed his residency at University Hospitals of Cleveland, Case Western Reserve University in Ohio.



Lois Sakorafas, MD

Dr. Sakorafas is a graduate of Moscow Medical Academy, Russia. She completed her residency in general surgery at Albert Einstein College of Medicine, Montefiore Medical Center, in Bronx, NY.



Mathew M. Edavettal, MD, PhD

Dr. Edavettal is a graduate of Louisiana State University Medical Center, which is where he also completed his doctorate degree in physiology. He completed his residency at Seton Hall University School of Graduate



Daniel Wu, DO

Dr. Wu is a graduate of the New York College of Osteopathic Medicine. He completed his general surgery residency at Lutheran Medical Center in Brooklyn, NY, where he served as chief resident.





Meet the LGH Trauma Team

Care Providers

Case Managers

Our case managers make daily rounds with the trauma surgeons. They coordinate patient care and work closely with the social worker to plan for care following discharge. The case managers are experienced RN's who can talk about the patient's injuries and how we are treating them. If you would like to speak to the case manager, please ask your nurse.



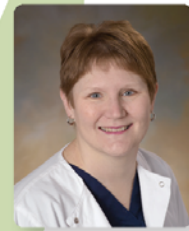
*Jo Ann Miller,
BSN, RN*



*Theresa Curcio,
BSN, RN*



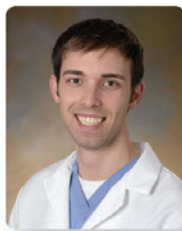
*Sally Hammaker,
BSN, RN*



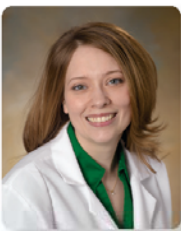
*Kathleen Sypien,
BS, RN*

Physician Assistants

Our Physician Assistants facilitate the care under the supervision of our doctors. They are specially trained and experienced in caring for trauma patients. They can also discuss injuries and plan of care with the patient and family.



Ian Sale, PA



Brandan Lykens, PA

Lancaster General Hospital 
Lancaster General Health

Trauma Center

BD/SG/03-10
306101

Employee Spotlight

Debbie Logan, Paramedic

What is your birth name? Deborah Chester. I was born on September 6, 1956. It was my first ride in an ambulance. Quarryville ambulance took my mother to Saint Joseph Hospital that day. I was number eight of nine children. When I first became an EMT, I volunteered on Quarryville ambulance for nine years to say thanks for our ride. I got the chance to meet one of the men who took my mother and me to the hospital to be born. I took him to LGH as a patient ;he was ill with CHF and dying. He told me how proud he was of the changes in EMS. He stated he was a “you call we haul” service with not much patient care. I let him know how important he was in my birth. We lived far away from the hospital and my mother was the only driver in our family. My dad was at work in Chester City. I believe he felt good about his service to my family.



Where were you born? Saint Joseph Hospital Lancaster, Pennsylvania

Where do you live now? I live in Mount Gretna, but I am moving to Lancaster City in the next few years.

Are you married? Legally no, in the eyes of God, yes.

Do you have children? If you count pets yes, I have a very sweet Siamese cat called Princess Maggie Wildcat Logan.

When did you start your career with Lancaster EMS? I worked for Bob May at Community Hospital as an EMT when Lancaster EMS was formed.

Do you work anywhere else? For pay no; I do volunteer work through the Episcopal Church an on my own as outreach work.

What would you say has been the biggest change in your job since you started?

I believe there are more providers and better education for the providers.

What would you say has been the worst change in your job since you started?

Way to much turn over in EMS.

What has been your most memorable experience during your time with Lancaster EMS? Meeting an eleven year old boy laying on North Reservoir Street and East Madison Street dying. He was riding his bicycle when struck by a car. Bob Hinkle, Ken Barton Sr, Matt Melchiorre and I worked hard to save his life. He died. He was a well liked child. His family was poor and without insurance. The kids in the neighborhood took a shoe box door to door and collected money to pay for his funeral. Chip Snyder told me they gave him the shoe box filled with coins and dollar bills. It covered a good part of the cost. We both share the same birthday. I remember him on the day he died; I prefer to think of it as his birthday into God’s world. I remember him on my birthday into this world which was his.

What hobbies/interests do you have outside of your job? I love to ride my bicycle, hike, and go to Cape Hatteras. I love doing cleanup work through the Episcopal relief programs. I have gone to Mississippi twice to do Katrina cleanup. I help feed the hungry in Lancaster City the third Saturday in the month when I am off. I have done rehab of homes in Lancaster City through my church, St. John’s Episcopal Church on West Chestnut Street.

Do you have any advice for new employees starting the same job? Start where you are, use what you have, and do what you can--Arthur Ashe.

Employee Spotlight

Robin Boyer, Business Office Supervisor

What is your birth name? Robin Mechelle, (with an e), Hallager

Where were you born? Chapel Hill, North Carolina

Where do you live now? Ephrata, PA

Are you married? Widowed but recently engaged

Do you have children? One child, but sadly he is deceased.

When did you start your career with Lancaster EMS? 2003

Do you work anywhere else? Part time as a “Princess”. I put in an application for a fulltime Princess but no one has granted my request.

What would you say has been the biggest change in your job since you started? The biggest but most exciting change is my new position as Business Office Supervisor. It has been very challenging, but rewarding. I have a great team working with me

What would you say has been the worst change in your job since you started? Medicare, Medicare, Medicare; just when you think you know their rules, they pull the rug out from underneath you and change them again!

What has been your most memorable experience during your time with Lancaster EMS? I would have to say the Nickelmine tragedy. Although I was not on the “front lines” when it occurred you could feel the impact it had on our providers and I am proud of everyone here that responded to that incident. The other is watching Bob May with his sleeves rolled up making us blueberry pancakes! (my favorite day of the year).

What hobbies/interests do you have outside of your job? I don’t really have a “hobby”, but I love cooking and entertaining, traveling, the beach, reading, watching the National Geographic channel the History Channel and the Food Network Channel.

Do you have any advice for new employees starting the same job? Appreciate the fact that you have a job, Take pride in your work, be accountable for you actions, keep an open mind, and know that LEMSA is truly a great family oriented company to work for.





LRMC's "UpToDate"

LANCASTER REGIONAL MEDICAL CENTER LAUNCHES UPTODATE - A NEW TOOL FOR CUTTING EDGE MEDICAL INFORMATION AND EDUCATION

Physicians at major academic medical centers worldwide rely on *UpToDate's* complete and current medical information to answer their clinical questions. Now the Lancaster Community has access to *UpToDate* on Lancaster Regional Medical Center's website at lancasterregional.com. Learn more about a medical condition, better understand management and treatment options, and have a better dialogue with health care providers.

Each year almost 700,000 studies are published in roughly 5,000 medical journals. The average practicing physician, much less a patient, cannot possibly keep pace with each new discovery and the changing face of medicine.

UpToDate solves that problem by finding the world's leading experts in each medical subspecialty and recruiting them to synthesize the medical literature within their area of expertise. They take the latest findings, and distill them into articles that explain how emerging scientific discoveries should affect the everyday practice of medicine.



Certification as a Professional in Human Resources (PHR)

What should an HR practitioner know – and be able to apply – to be considered a competent HR Generalist? While I never asked myself that particular question, I did ask what can I do to be more proficient in the dynamic and constant changing field of HR? I found information regarding a certification that would allow me to do just that and more.



The HR Certification Institute in conjunction with Villa Nova University and SHRM (Society for Human Resource Management) has a program for certification as a Professional in Human Resources (PHR). Every TUE for thirteen weeks, I spent 3 hours in Mechanicsburg with other HR personnel from companies such as Dauphin County, PSECU, Hershey Park and Schaeffer Trucking to name a few to attain this level of certification.

The program consisted of six functional areas of study; Strategic Management, Workforce Planning & Employment, Human Resource Development, Total Rewards (Benefits & Compensation), Employee Labor & Relations and Risk Management. After completion of the classes, to obtain the PHR certification, I was scheduled to take an exam. The exam consisted of 225 multiple choice questions with four possible answers, one being the "best possible answer". I was allowed 4 hours to complete it. Failing the first try, I was determined to pass. I now have a certificate to hang on my wall and a few letters behind my name.



live well, work well

Health and wellness tips for your work, home, and life—brought to you by the insurance and healthcare specialists at EHD.

Food Facts... and Fiction

You know that it's important to eat plenty of whole grains, fruits, and vegetables. However, you probably have some lingering questions regarding the particulars of your diet. This should help!

Are avocados good or bad for you?

While it's true that avocados contain more calories and fat than other fruits or veggies (one-fifth of an avocado contains 50 calories and 4.5 grams of fat), the health benefits far outweigh the bad. Avocados contain heart-healthy unsaturated fat, which can actually lower cholesterol. Plus, they are packed with vitamins, fiber and minerals, and provide all of the essential amino acids required in a healthy diet.

Are some nuts better for you than others?

Yes. All nuts are rich in fiber, vitamin E, and protein, but it appears that walnuts contain the highest levels of omega-3 fatty acids, almonds have the most vitamin E, cashews have the most iron, and Brazil nuts contain the most selenium (which works as an antioxidant) and magnesium. Opt for varieties without added salt for the most health benefits.

What's the difference between a vegetable and a fruit?

It's easy to get confused. The term "vegetable" is generally defined as all plant life or plant products, more specifically, the

edible portion of herbaceous plants (roots, stems, leaves, flowers or fruit). A "fruit" is the ripened ovary, together with its seeds, of a flowering plant. So, technically all fruits are considered vegetables, but not all vegetables are considered fruits. In fact, the previously mentioned avocado is actually a fruit produced from the avocado tree.

Does eating grilled meat cause cancer?

The National Cancer Institute states that cooking meat at very high temperatures creates chemicals – called heterocyclic amines, or HCAs – not otherwise found in uncooked meat. Eating grilled meat on occasion is fine. However, excessive consumption of grilled meat at very high temperatures does appear to increase the risk for cancer, which is why experts recommend that meat be cooked at low temperatures for longer periods of time. Research has also shown that microwaving meat before grilling decreases the risk of HCAs.

Which is better: margarine or butter?

Butter is full of saturated fat and

cholesterol, but margarine contains trans fat. While neither is ideal, it's generally better to opt for margarine. This is because you should be able to identify which margarine products contain the least amount of trans fat. According to Cleveland Clinic, the more solid margarine is at room temperature, the more trans fat it contains; for example, stick margarine has more trans fat than the tub. There are also many trans fat-free margarine products, which are best of all.

Is sushi healthy?

In a word, yes. In general, fish is good for you, but you'll want to avoid excessive amounts of white rice. Also, opt for no mayonnaise and use low-sodium or no soy sauce. Sashimi – cut fish served with either no rice or brown rice – is actually the best option.



Did you know...?

Freezing a fruit or vegetable does not necessarily affect its nutrition value; in fact, sometimes the frozen produce is in fact a better choice! This is because the longer it sits around, the more nutrients it loses. Fruits and vegetables grown specifically for freezing are frozen right after being picked, not allowing much time for them to lose any nutrients.

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Star of Life Awards

Pennsylvania EMS Provider Foundation Honors Lancaster EMS Paramedic with Star of Life Award

The Pennsylvania EMS Provider Foundation (Foundation) hosted its fourth Annual PA EMS 911 Event: A Tribute to our Past and Present EMS Heroes, on Saturday, Sept. 11, 2010, at the Holiday Inn Harrisburg-Hershey in Grantville.

Paramedic, Deborah Logan, received one of this year's Stars of Life award:

"Debbie is the most conscientious Paramedic as well as the most compassionate person we have ever employed. She is an excellent role model for others.



She started her career as a volunteer EMT and has ended up here, with us, which is our pleasure to employ her.

She is very thorough in every aspect of her role.

She is a predominate member of our PI team. She chairs our Safety Committee and was voted Paramedic of the year last year."

Deborah was one of fourteen honorees at this year's event.

The Foundation hosts this event annually to honor outstanding EMS heroes, both past and present. Nine years later, it is still important to honor the emergency responders who gave their lives on Sept. 11, 2001, the emergency medical services (EMS) personnel who responded to the Flight 93 disaster in Somerset, and all other Pennsylvania EMS providers for their continued effort and commitment. The importance of the services these heroes provide cannot be over stated.

If you would like any additional information on this event, please contact the Ambulance Association of Pennsylvania, Executive Director, Heather Sharar at 1-888-262-9121.



Star of Life Awards

Pennsylvania EMS Provider Foundation Honors Lancaster EMS Paramedic/Dispatcher with Star of Life Award

The Pennsylvania EMS Provider Foundation (Foundation) hosted its fourth Annual PA EMS 911 Event: A Tribute to our Past and Present EMS Heroes, on Saturday, Sept. 11, 2010, at the Holiday Inn Harrisburg-Hershey in Grantville.

Paramedic and Dispatcher, Craig Hohman, received one of this year's Stars of Life award:

“Craig has shown an outstanding service to the community and Lancaster EMS for 29 years.

He is was a Paramedic supervisor for many years and now is a dispatcher and our special events coordinator.

He has more knowledge about EMS in this county than anyone I know.

Craig is also a committed member of his local fire department.”

Craig was one of fourteen honorees at this year's event.

The Foundation hosts this event annually to honor outstanding EMS heroes, both past and present. Nine years later, it is still important to honor the emergency responders who gave their lives on Sept. 11, 2001, the emergency medical services (EMS) personnel who responded to the Flight 93 disaster in Somerset, and all other Pennsylvania EMS providers for their continued effort and commitment. The importance of the services these heroes provide cannot be over stated.

If you would like any additional information on this event, please contact the Ambulance Association of Pennsylvania, Executive Director, Heather Sharar at 1-888-262-9121.





From Humble Beginnings

History of EMS (source: NHTSA)

The delivery of emergency medical care, as we know it today, was born as a result of numerous milestones.

1964- The President's commission on Highway Safety called for emergency care and transportation of the sick and injured as one of its community action programs.

1965- More people died this year in auto accidents (50,000) than in eight years of the Vietnam War.

1966- 1) "Accidental Death & Disability: The Neglected Disease of Modern Society" was published by the Division of Medical Sciences, National Academy of Sciences/National Research Council. This publication explicitly outlined the severity of the emergency medical care situation in this country. 2) President Johnson signed Public Law 89-563 "National Traffic and Motor Vehicle Safety Act of 1966". It was the first national effort to focus on improving deficiencies in EMS systems. This act mandated: a) the U.S. Department of Transportation (DOT) to promulgate minimum standards for provision of care for accident victims and established the National Highway Traffic Safety Administration; and b) that states can be penalized up to 10% of their federal highway funds if they do not comply with this law. The emphasis of the law was on victims of highway traffic accidents. 3) The U.S. DOT/NHTSA published the first guidelines (Highway Safety Act, Standard 11) for development of EMS systems. It's interesting to note that the first publication of these guidelines called for raising the training of EMS personnel to the highest level possible – American Red Cross Advanced First Aid.



1967- The American Academy of Orthopedic Surgeons (AAOS) began creating "Emergency Care and Transportation of the Sick and Injured." This was the modern EMS system's first well-designed and authoritative textbook for EMS personnel.

1968- 1) The task force of the Committee on EMS of the NAS/NRC was the first to attempt standardizing, on a national level, basic training requirements of EMS personnel. The result was a series of presentations, slides, manuals, etc. from Dunlop and Associates called "Training of Ambulance Personnel and Others Responsible for Emergency Care of the Sick and Injured at the Scene and During Transport." 2) The American Telephone and Telegraph started to reserve the digits 9-1-1 for emergency use.

1969- 1) Up until this time, the focus of EMS systems was on treatment and transportation of accident victims. In great part, this was because the original studies and Acts were through the eyes of highway safety and transportation. However, this singular focus, on highway traffic injuries changed at the Airlie House Conference on EMS. The conference called for expanding the scope of EMS and developing basic definitions of care and establishing working guidelines for rendering care. 2) The Committee on Ambulance Design Criteria published a report, "Medical Requirements for Ambulance Design and Equipment" which it submitted to DOT-NHTSA. This report called for sweeping changes in both the design of vehicles and medical equipment carried aboard.

1970- 1) A survey of emergency response services in 37 states determined that only 5% of ambulance attendants had minimum first aid requirements, and only 6% of all ambulances had any type of radio communications to the incoming hospital. As a sub-specialty, trauma medicine was non-existent. As a rule, hospital emergency rooms were staffed with medical students and on-call physicians from various specialties whose knowledge of trauma was limited. 2) 5 demonstration areas were selected to explore the feasibility and using military helicopters and service paramedical personnel in civilian emergencies (Military Assistance to Safety and Traffic or MAST). 3) The National Registry of Emergency Medical Technicians was established to attempt unification of EMT exam and certification on the national level.

1971- 1) The television show "Emergency" debuted. This show contributed to changed public attitudes concerning the fire service and emergency medical care. At the start of the show, there were only 12 medic units in the entire country. Four years later at least 50% of the population of this country was within 10 minutes of a medic unit. 2) The American Medical Association's Commission of EMS published "Categorization of Hospital Emergency Capabilities." It established hospital guidelines for providing comprehensive emergency medical care and also the means to measure and classify the capabilities of a hospital for providing emergency care. 3) The committee on injuries of the AAOS hosted a national workshop on the training of EMTs. It tied previous efforts together by making the following endorsements and recommendations related to training, texts, physician responsibilities, and evaluation of proficiency.

1972- The U.S. Department of Health, Education and Welfare (DHEW) were directed, during President Nixon's State of the Union message, to develop new ways to organize EMS. Five demonstration areas were awarded \$16 million.



From Humble Beginnings



Modern Ambulance

1973- 1) The blue Star of Life was designed by Leo R. Schwartz, Chief of the EMS Branch, NHTSA. It was officially registered February 1, 1977. Just as pharmacists have the mortar and pestle and doctors have the caduceus, EMTs have a symbol. Each of the bars or six “points” of the blue “Star of Life” represents the six-system function of the EMS: detection, reporting, response, on scene care, care in transit, and transfer to definitive care. The staff on the star represents Medicine and Healing. 2) The EMS System Act (public law 93-144) was passed by Congress, which funded 300 regional EMS systems.

1974- 1) A federal report disclosed that less than half of the nation’s ambulance personnel had completed the Department of Transportation 81-hour basic training course or its equivalent. 2) The EMS System Development Guidelines were published. These guidelines addressed basic operations through research and evaluation of system performance, including impact of EMS on mortality and morbidity.

1975- 1) The American Medical Association recognized emergency medicine as a specialty. 2) The University of Pittsburgh and Nancy Caroline, MD, was awarded a contract to develop the first nationwide paramedic training course. 3) The National Association of EMTs was formed.

1976- Renewal and continued funding of EMS at the federal level was granted.

1977- The National Council of EMS Educators was formed.

1978- 1) The Journal of Emergency Medical Services (JEMS) began publication. 2) The American Ambulance Association was formed. 3) Renewal and continued funding of EMS at the federal was granted.

1980- The National Registry of EMTs published its first national standard exam for EMT- Intermediate.

1981- 1) Direct funding of EMS systems by the federal government was replaced by block grants. 2) A study showed that 73% of all American fire departments, career and volunteer, are involved in some level of EMS service.

1982- Federal funding of EMS ended: Authority and responsibility for EMS was vested in the states and local government.

1983- Public Law 98-555, “The EMS for Children Act,” passes.

1985- The National Association of EMS Physicians was formed.

1986- The Comprehensive Omnibus Budget Reconciliation Act (COBRA) was passed by congress. This affected transfers of patients from emergency department to emergency department and prevented “dumping” (financially motivated transfers of patients).

1987- Automatic Vehicle Locators (AVL) debuted.

1990- 1) The Trauma Care System Planning & Development Act was passed by Congress. 2) Fire department organizations joined together in a resolution to expand into EMS.

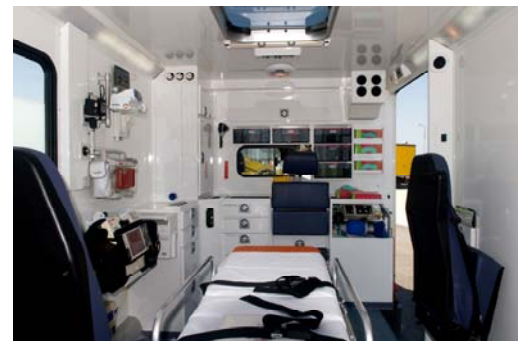
1991- The Commission on Accreditation of Ambulance Services set standards and benchmarks for ambulance services to obtain.

1992- 1) American Medical Response started selling stock on the NYSE and began a nationwide consolidation of the private ambulance industry. 2) A public opinion survey conducted for the American College of Emergency Physicians found that nearly half of adult Americans could not identify **9-1-1** as the emergency number, or confused it with 4-1-1, the directory assistance number. (Today by having the universal number **911** for an emergency, and having a **911** Call Center, emergency medical services have shaved an average of 5 to 6 minutes off response time. The number is now widely recognized.)

1993- It was proposed that EMT-Ps assume an expanded role in primary care of non-emergent patients by learning expanded care.

1990s-2004- Cooperation and sharing: Pennsylvania is experiencing an unprecedented level of cooperation between these EMS agencies and the other highway safety programs in a wide range of programs – from technical data collection to public policy development to information campaigns. The agencies involved have found numerous ways to work smarter, harder, and more cost-efficiently by working together to solve problems in the state.

1990’s-2004- Cooperation and sharing: Pennsylvania is experiencing an unprecedented level of cooperation between these EMS agencies and the other highway safety programs in a wide range of programs – from technical data collection to public policy development to information campaigns. The agencies involved have found numerous ways to work smarter, harder, and more cost-efficiently by working together to solve problems in the state.



Inside a modern ambulance



ER Extra



Heart of Lancaster Regional Medical Center & Lancaster Regional Medical Center feature Emergency Room Wait Times Online

Patients are able to access wait times for the ER to make their experience Extra Easy

Heart of Lancaster and Lancaster Regional are promoting a convenient new way to experience the emergency room. As part of the “ER Extra” program, a measure designed to ensure patients get extra fast, extra easy, and extra great care, Heart of Lancaster and Lancaster Regional have made ER wait times available on its websites at www.heartoflancaster.com and www.lancasterregional.com.

“We know that quality and speed of care are important to our patients. At Heart of Lancaster we believe that giving patients access to ER wait times is just one more way we can improve the level of service we provide every day to those in our community,” said Karen Metz, CEO at Heart of Lancaster.

This service will also allow patients who believe that their individual situation does not require emergent care, to access wait times and choose the most opportune time to come in and see a medical professional.

“Over the years we have heard from our patients that long wait times in the ER have become a source of frustration. At Lancaster Regional we wanted to be part of the solution. The goal is to make our patients’ experience in the ER as streamlined and efficient as possible,” said Bob Moore, CEO at Lancaster Regional.

The ER wait time is calculated to represent the approximate time it takes to see a qualified health care professional and is updated in real time.

“We implemented this important tool because at our hospitals, we believe giving patients access to ER waiting times enables them to make better, more informed choices about their personal medical care, said Metz and Moore.

For more information about “ER Extra” at Heart of Lancaster, contact Kevin Shovlin, RN, at **717-625-5504**. For more information about “ER Extra” at Lancaster Regional, contact BJ Hykes, RN, at **717-291-8288**.

Faces of Lancaster EMS





1829 Lincoln Hwy East
Lancaster, PA 17602

Offices Closed (East & West Stations) on:

THU NOV 25

FRI DEC 24

FRI DEC 31

