



EMS NEWS

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Remembering Cindy Abbissinio



Cindy Abbissinio, former director of the Alameda County Emergency Medical Services Agency died in the early morning hours of November 28th, in the company of her long-time partner Andrew Rateaver. Cindy had been courageously battling an illness for the past 2½ years. Despite her medical challenges, she stayed at the helm of the EMS Agency, providing



direction and support, often from her home office. In late October she stepped down to have more time to herself. Still wanting to work, she was at her desk as recent as the 1st week in November.

Cindy had a rich life in which her devotion to her work and patient care were central. She was a graduate of UC Berkeley. Her calling as a nurse allowed us to know her at Brookside Hospital in

Richmond, and Highland Hospital in Oakland, where she was an MICN and Emergency Department Nurse Manager for nine years. Cindy managed one crisis after another including the 1989 earthquake response.

In 1992 Cindy worked with the Alameda County Sheriff's dispatch center where she developed a quality assessment/improvement plan that was ultimately approved and implemented. She also served as a member of the Alameda County Sheriff's Department Search and

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Introducing Michael D. King

Michael D. King, MPH, has joined Alameda County Emergency Medical Services Agency (EMS), as Director. Mr. King graduated from Columbia University, school of Public Health with a Masters of Science in Public Health.

Mr. King will focus on coordinating with federal, municipal agency, and community organizations in Alameda County to enhance EMS disaster preparedness. He supports advances that focus on the provision of quality prehospital care. An example is the 12-lead EKG program implemented by Dr. Pointer, EMS Medical Director.

As the new EMS Director Mr. King is looking toward the future and is interested in:

- Implementing an "Expanded Scope of Practice" creating a Paramedic/Physician extended role.
- Developing enhanced electronic tools so data can be transferred to receiving hospitals in advance of the patient's arrival.
- Creating a new identity for EMS focusing on community capacity

building to strengthen the EMS commitment to improving residents' awareness of how they can apply self-care prevention and treatment of illness and injuries.

- Strengthening our commitment to prehospital care providers in Alameda County: AMR, the fire departments and hospitals.

Mr. King has extensive EMS experience coordinating ambulance and trauma center services for New York City's Health and Hospitals Corporation (HHC) central office. He established new ambulance protocols and performance standards for HHC's 11 acute care facilities and trauma centers. In addition to recommending and implementing formulary changes, he was responsible for base station enhancements and assisting in the development of citywide prehospital care policies.

Prior to joining Alameda County EMS, Mr. King was employed by StayWell, a division of MediMedia, a healthcare

publisher and disease management company. He spent the last four years as a consultant working with the Department of Defense, VA Health Systems, and foreign governments, to enhance patient and consumer focused education resources to empower individuals to better understand their health conditions and self-care instructions.

Mr. King appreciates the energy, professional integrity and excellent skills of the EMS Agency staff and EMS community, who are uniquely qualified and committed to provide cutting edge services and care the residents of Alameda County deserve and expect.

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Alameda County's Chempack Project

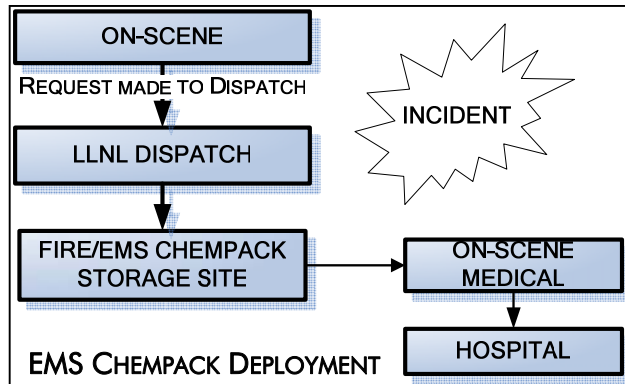
By Jim Morrissey, EMT-P

In the event of a terrorist attack employing chemical nerve agents, the County of Alameda (ALCO) must be prepared to respond quickly to save lives. Unlike many other chemical or biological agents, which may not produce ill effects for hours or days, the time frame for an effective response to a nerve agent attack is measured in minutes. The Chempack program created by the Centers for Disease Control was designed to place nerve agent antidotes in communities all over the country to support a quick response to a nerve agent attack. These assets could also be used for an accidental release of a nerve agent like substance such as an agricultural organophosphate. There are two types of Chempack containers: EMS and Hospital.

The EMS Chempack materials are designed for prehospital medical providers and the antidotes are packaged mostly in auto-injectors for speed and ease of use. The Hospital Chempack is designed for hospital medical staff with more multi-dose vials. Most agencies participating in the program recommend EMS Chempacks for hospitals because the Mark 1 Kits (the antidote combination in an auto injector) are the primary choice for hospital personnel to use in an emergency situation. Alameda County is only receiving two Hospital Chempacks because auto-injector dosing for children is problematic. There are 12 storage sites spread throughout the county based on geography, traffic patterns, population, and target analysis

assessment. There will be six hospital-based sites and six Fire/EMS sites that will be used for field deployment. All sites except Children's Hospital will utilize EMS Chempacks.

It is in everyone's interest to have the most streamlined, efficient system to



get Chempack assets in the hands of medical responders. Deployment will be decentralized whether in the field or in a medical facility. In the event of a terrorist attack involving a nerve agent, the first responding fire and police agencies should be able to determine the nature of the agent based on the symptoms of presenting victims. ALCO medical first responders already have Mark 1 kits available in limited quantities on their units. All have been trained in the recognition and treatment of nerve agent exposure, and will initiate victim decontamination, triage and initial treatment.

The on-scene Incident Commander (IC) will report the Mass Casualty Incident (MCI) to Lawrence Livermore National Lab (LLNL) dispatch (more formally known as Alameda County Regional Emergency Communications Center) and will request a Chempack. For those fire departments that do not use LLNL dispatch directly, the request will be routed through their own dispatch center, which will then forward the request to LLNL dispatch.

Remembering Cindy (continued from page 1)
Rescue team for several years.

She joined the EMS Agency in June 1995 as a Prehospital Care Coordinator. She was promoted to Assistant Director in 1999, Acting Director in 2000, and Director in 2001.

During her tenure the Alameda County EMS Agency experienced many positive changes. Cindy will be remembered for her dedication to nursing and EMS.

Cindy loved animals... all kinds of animals. One of her many joys was feeding the squirrels and birds in the back yard or the stray cat in the front yard; all to the delight of the dogs she had rescued and adopted. Cindy was devoted to her loving mother who lives in Richmond. In her final days Cindy expressed appreciation for all the love and support her friends and co-workers offered.

If you would like to make a donation in Cindy's name, the family suggests:

Berkeley East Bay Humane Society
2700 Ninth Street
Berkeley, CA 94710
For more information 845-3665 or www.berkeleyhumane.org.

Alta Bates Summit Foundation Cancer Care Center
www.absfdn.org - click on donate then cancer care center, or by mail to 2450 Ashby Avenue, Berkeley, CA 94705

LLNL will then dispatch the closest deployable Chempack cache to the location. If the event is considered massive additional caches can be requested. Each cache can treat about 1000 victims of varying severity. Out-of-county requests can be made through standard mutual-aid agreements if local caches are depleted.

For more information contact Jim Morrissey at (510) 618-2036 or jim.morrissey@acgov.org.



From the Health Officer

By Dr. Tony Iton
Alameda County Health Officer

What Can We Learn From Katrina?

Hurricane Katrina ripped through the Gulf Coast region and provided the nation a stark lesson in the consequences of poor disaster management. We hope we would do better here given our excellent city and county emergency response agencies and our experience with earthquakes, fires, mudslides and other disasters, but what important lessons can we take away from Katrina?

Some would say that the catastrophic human consequences for the many poor victims of Hurricane Katrina are a result of the decline in personal responsibility in America. This perspective would support the belief that many New Orleans residents chose not to pull themselves up by their own bootstraps and prepare themselves and their families for the inevitable hurricane disasters that are prevalent in that region. A question that has been repeated in certain media and political circles is: Why didn't they just evacuate? Added to this cacophony of Monday-morning quarterback observations is a condemnation of local political and emergency officials who are accused of failing to prepare and adequately warn their constituents of the nature and magnitude of the impending disaster. The implication in this charge is that disaster planning is something that is done TO communities rather than WITH communities.

Imagine, however, a different outcome of this disaster. Imagine that the vast majority of New Orleans residents were able to evacuate and those that couldn't were sheltered in safe places with adequate supplies of food and emergency supplies. Imagine every New Orleans neighborhood had an organized

leadership infrastructure with block captains that knew every resident on their block and had identified those that would need assistance and a plan for providing that assistance. Imagine city officials being able to communicate with these neighborhood leaders and share critical information as well as respond to requests for aid and equipment. Now imagine that this neighborhood infrastructure did more than just prepare for and respond to disasters. Imagine that these neighborhood resources were also directly involved in all neighborhood issues related to housing, employment, transportation, the local environment, education, child care, recreation, youth probation, local economic issues, and public health. Imagine that local institutions were directly accountable to these organized community units and that permanent resources were made available to sustain this neighborhood infrastructure. Imagine such a system working to break down rigid racial and economic segregation by committing to deploy resources in a manner that ensured high quality schools and good amenities in every neighborhood.

If we can imagine this very different set of pre-conditions in the hurricane ravaged areas of New Orleans, elsewhere in Louisiana, Mississippi and Alabama, then we can imagine a very different outcome to this tragedy. If we can imagine a different outcome then we can develop a vision of how we need to design emergency preparedness interventions in Alameda County to engage our low income and vulnerable communities. In conjunction with our city and regional partners and disaster experts, we have been engaged in such a process in several low-income communities in Alameda County since late 2003. We have selected certain

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EMS Quality Council Earns Yellow Belts

By Dale Fanning, RN



How do we know that what we do really makes a difference for our patients? How do we show governmental decision makers and taxpayers that they are getting a high quality EMS system for their money? The California EMS Authority has developed *EMS System Quality Improvement (QI) Program Model Guidelines* to assist local EMS agencies and providers to evaluate and improve the quality of their EMS systems. In Alameda County, the EMS Quality Council will be responsible for assessing and making recommendations to improve policies and procedures that contribute to the overall performance of the system.

Quality Council members include coordinators representing all EMS system provider agencies, including the base hospital, fire departments, dispatch and AMR. Dale Fanning, the EMS Quality Management Coordinator, chairs the committee and Dr. James Pointer, EMS Medical Director plays an active role in the work of the group. The Quality Council, after a lengthy hiatus, reconvened in July and re-established its purpose, based on State guidelines:

- ✓ Serve as the Technical Advisory Group for Alameda County, as described in the State Guidelines
- ✓ Identify QI educational needs
- ✓ Use quality tools/techniques to solve problems and improve processes related to system-wide issues
- ✓ Provide input for the EMS System Quality Improvement Plan
- ✓ Contribute to the development of a consistent approach to gathering and analyzing data
- ✓ Monitor and evaluate system data reports to identify opportunities for improvement and training needs

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What's New on the Web



- 2006 Field Manual & Administration Manual
- 2006 NREMT test dates

Health Officer *Continued from page 3)*

neighborhoods and have gone door-to-door to solicit people's ideas and wisdom about how to engage their neighbors in a collaborative, community-led process of civic engagement. We have distributed hundreds of home emergency preparedness kits and invited residents to be trained in their use and in other aspects of community preparedness. We hope that the process of engaging low income residents will allow them to work together to tackle other important health issues in their neighborhoods such as crime and community beautification.

This is laborious work but we feel that in order to avoid a Katrina-like scenario where whole communities are essentially left to fend for themselves, we must work diligently to prepare our most vulnerable residents and prioritize our efforts to serve these populations first. No community can

Quality Council *(Continued from page 3)*

The Alameda County EMS system is now closer than it has ever been to receiving standardized data from our providers. The goal of data collection has always been to make changes to the system based on statistical evidence, derived from data analysis. The Quality Council will need to know how to use the data effectively when it becomes available.

Six Sigma: The Six Sigma approach to performance improvement incorporates the principles of other quality improvement models, but provides a more comprehensive approach that ensures that improvement projects are aligned with the strategic plan and supported by the senior leadership of the organization. Six Sigma also has clearly delineated steps and a broader range of statistical tools than other models. Six Sigma was developed by Motorola, and was largely responsible for the company being awarded the first Malcolm Baldrige National Quality Award in 1988. The designers of Six Sigma training programs designated progressive "belt" levels for each course, borrowed from the martial arts.

Seventeen candidates, many of whom are members of the Quality Council, successfully completed a Six Sigma Yellow Belt course sponsored by Alameda County EMS in mid-September 2005. This course prepares students to be active members of Six Sigma project teams. Course evaluations indicate that the class was well received. The company that provided the training is considering offering the next level of training (Green Belt) that will train participants in the statistical tools necessary to become project team leaders/facilitators.

For more information contact Dale Fanning at dale.fanning@acgov.org or (510) 618-2030.

call itself prepared if its most vulnerable residents are not prepared. We continue to look for partners including local fire departments, emergency management agencies, neighborhood crime prevention councils, community based health and social services agencies, schools, boy and girls scouts, and other organizations that work directly in communities and are committed to help prepare our most vulnerable residents for disaster. Please join us in these efforts, we cannot do this without you.

For more information you can contact Dr. Iton at tony.iton@acgov.org or (510) 208-5949.



News & Announcements . . .

New Policies go into effect December 1st. Field manuals are available from your provider agency, or you may purchase one from the EMS Agency for \$8.25.

New Staff Member Joins EMS

Eduardo Luang comes to the EMS Agency as a financial services specialist working on budgets and contacts. Prior to this, he worked as an accountant at the Public Health Department's Finance Office in Oakland.

Ed is relatively new to America, coming from the Philippines in the spring of 2001. He completed a bachelor's degree in business administration major in accounting. Ed was the chief operating officer of a medium-sized thrift bank when he decided to become a consultant as an expert in bank management and accounting for an IMF-World Bank funded Bank Restructuring Program with assignments in Tanzania, Sri Lanka and Tajikistan.

Welcome Ed!

EMS website:
www.acgov.org/ems