

Greene County/Greeneville EMS Employee Newsletter

Current Projects:

Updating and expanding our treatment protocols	Dr. Kitsteiner has a copy of the final draft of protocols and is working on approval.
Mental Health First Aid/Peer support groups	We are working with WestCare to provide this course as well as develop mental health support services for employees and patients.
Different drug boxes	The new drug bags are still in production.
Different airway bags/ More user friendly truck checkoff	Backordered (big surprise). Expected to be delivered around October .
New pediatric bags	The pedi-sleeves dosage cards are still being edited by the manufacturer.
Blood and ultrasound	The blood bank contract has been completed. We are now awaiting the grant outcome.
Samson Strap	We have received positive feedback on the device, and will be ordering more.

Call Statistics:

In July (as of 7/28), we have run **1,231** calls:

Blue: 338 calls
Red: 330 calls
Green: 329 calls
Day Truck: 226 calls
5 Air ambulance transports

Average ER Wait Times:

HVMC: 46 min ↑
JCMC: 41 min ↑
MHHS : 31 min ↓
FWCH : 26 min ↓
GCHE: 25 min =

Average Chute Time: 2:24 ↓
Average Scene Time: 19:19 =

Average Response Time: 12:24 ↓
Average Transport Time: 19:31 =

July breakdown:

Med 1: 9%
Med 4: 6%
Med 7: 8%

Med 2: 19%
Med 5: 10%
Med 8: 8%

Med 3: 20%
Med 6: 15%
Med 9: 7%

2025-to-date breakdown:

Med 1: 10%
Med 4: 7%
Med 7: 9%

Med 2: 17%
Med 5: 8%
Med 8: 9%

Med 3: 20%
Med 6: 15%
Med 9: 3%

Other Items:

- **Effective August 1st, all discharge and transfer documentation is required to be scanned and attached to your tickets.**
 - Failure to do so may result in disciplinary action. Exceptions to this will be considered on a case-by-case basis due to equipment or internet failure.
- **Also effective August 1st, for ALL tickets that are not locked within 48 hours of call completion, a cheat sheet is required to be attached to the PCR when it is completed. As long as your PCR is locked prior to 48 hours, you do not need to keep or upload a cheat sheet.**
 - Failure to do so will result in disciplinary action.
- **A new CMN has been developed to help with issues we have been having with insurance preapprovals. It is attached as the last page of this newsletter.**
 - **Starting August 1st, these are required for use in Ballad facilities. If the box in bold is not filled out, DO NOT TAKE THE PATIENT. Facilities have been notified that they must fill this box out.**
 - We agree that it is not your job to be responsible to understand or follow up on insurance approval numbers. This is the simplest solution to place the responsibility elsewhere.
- **Starting with the next posted schedule, we will be changing how overtime is filled.**
 - The schedule will still be posted on the Friday prior to the end of the pay period as usual.
 - Shift pickups will be approved **starting on the following Monday**, with priority given to Paramedics, then AEMTs, then Basic EMTs. This means that if no Paramedic or AEMT has signed up for a certain spot, it will be given to a Basic EMT. **There will be exceptions:**
 - No one can sign up for more than 48 consecutive hours. A 12-hour break period must then be taken.
 - If there are other open Paramedic or AEMT spots on a shift, you may be assigned one of those positions instead
 - This means that the spot you sign up for may not be the spot you end up in based on available personnel for the day (this is no different than if someone were to call in)
- Unit renumbering has been delayed due to issues with the latest CAD update.

- Use of the auto-generated ESO narratives does not eliminate the need to enter additional information on calls, both for billing and QA purposes. **Please be thorough in your documentation or they will be turned back off.**

Upcoming Events:

- **August 21st**, Pediatric Trauma Inservice
- **August 22nd**, Pediatric Trauma Inservice
- **August 28th**, Pediatric Trauma Inservice

Some Recent Articles:

[Lessons from the Bench Seat: Why Your Bedside Manner Matters More Than Your Monitor](#)

[Exploring EMS Frontline Fatigue: Insights from the Literature](#)

[Being a Better Advocate for Your Patients with Developmental and Intellectual Disabilities](#)

August birthdays:

2nd – Dalton Manis
2nd – Tyler Melton
2nd – Tony Williams
13th – Greg Franklin
17th – Lynette Laws
17th – Sondra Pealer
18th – Hannah Thibert

19th – Jeff Johnson
22nd – Kaylee Jordan
22nd – David McCracken
25th – Maggie Feltner
26th – James Abbott
26th – Roger East

As always, thanks for reading.

Physician's Certified Medical Necessity for non-emergency Ambulance Services

Patient Name: _____ Date of Service: _____

Pick-up Location: _____ Destination: _____

Full Address: _____ Full Address: _____

City, Zip: _____ City, Zip: _____

Does this patient have TennCare? ☐ No ☐ Yes Approval #: _____

Ambulance will not take any patient without this line filled out OR any TennCare patients without an approval number.

Current treatment diagnosis: _____

Please check the appropriate condition(s) listed below that necessitate transport by ambulance and thereby contraindicating all other means of transport based on patient health and safety.

This patient:

- ☐ Requires the use of IV
- ☐ Requires the use of EKG
- ☐ Cannot sit in a wheelchair because of... (explain below):
- ☐ Cannot stand, pivot or assist themselves because ... (explain below):
- ☐ Is comatose and requires monitoring
- ☐ Requires the use of restraints or is chemically restrained
- ☐ Is highly medicated and unsafe to travel by any other means
- ☐ Is seizure prone and requires trained monitoring
- ☐ Suffers from paralysis and is total bed confined
- ☐ Has decubitus ulcers and requires wound precautions
- ☐ Requires airway monitoring or suctioning
- ☐ This patient had to remain immobile due to an unset fracture of the _____.
- ☐ Is exhibiting signs of decreased or altered level of consciousness due to _____.
- ☐ Requires isolation precautions because of _____.
- ☐ Is frail / debilitated and at the time of service, bed confined because _____.

(Use space below to explain further)

****If patient has Bluecare or Medicaid primary
OR secondary, an approval is still required****

Bluecare TennCare /TennCare Select, call Verida:
1-866-473-7563 or 1-855-735-4660

Wellpoint TennCare/United Healthcare TennCare
call Tennessee Carriers:
1-866-680-0633 or 1-866-405-0238

I certify that the above patient is suffering from an illness or injury which contraindicates transportation by any means other than ambulance as indicated by the reasons for ambulance use checked above.

Signature of Authorized Individual: _____ ☐ RN/CNS ☐ Discharge Planner

☐ MD/DO ☐ PA/FNP

Printed Name of Authorized Individual: _____ Date: _____

1027 Forest Street Greeneville, TN 37743-4611
(423) 798-1720 Fax (423) 798-1721