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Notes from the Director's Desk

I hope everyone had a nice Thanksgiving. Thank you to the crews that worked on Thanksgiving.

I made the rounds at staff meetings in November and enjoyed my time in each station. I enjoy getting out there, talking to staff, and hearing your ideas and concerns. It helps me build context and perspective. In 2016, in Polk County, our staff meeting will be in the morning and we should be able to meet in class room B. The schedule will come out later. The Bolivar Technical School and CMH Educational Services building will be completed and Education Services will be moving in December. After they move, we will move into their area. This will be very good move and give Polk County staff more space that is greatly needed. **Polk County staff:** Please share your ideas about how to reorganize our area.

There has been much discussion about acquiring a 12 lead EKG in 10 minutes on responses when the Chest Pain Protocol is used. When looking at the data, we found that a very large percentage of the time the patient contact time was the same time as arrival or 1 minute after arrival. Unless you are super heroes (and I know some of you are) patient contact is typically not that fast. Be sure to document correct time of patient contact. I am confident that we are getting a 12 lead within 10 minutes on the majority of our patients when we use the Chest Pain Protocol. Everyone should make special effort to accurately document the time we make actual contact with the patient as well as bring our equipment and treatments to the patient. In Polk County, you can announce patient contact on the radio, the dispatcher will log it, and it will download to HealthEMS.

Reminder!! My wife and I would like to invite you and a guest to dinner at El Rodeo in Bolivar on Wednesday, December 9 at 18:30. Please let me know if you plan to attend by December 7. If you see me, let me know or you can email me or leave me a message on my office phone.

As we move into the holiday season, I hope each and every one can take some time to enjoy the season and spend time with family and friends. I enjoy this time of year and look forward to fellowship with friends, spending family time, and reflecting.

I appreciate your dedication to EMS. EMS is a noble profession. We take the care to the patient. We provide care and transportation in difficult circumstances with limited resources 24/7/365. I thank each one of you for what you do. We are a unique bunch that gives exceptional, compassionate care.

Thank you for what you do!

Neal T.

Upcoming Events For December

Dec 1 st	730a-930a	Life Line Day Out : Waiting to Exhale & Toxic Avenger	CMH IS Center Classroom B & C
Dec 1 st	4p-6p	Life Line Day Out : Waiting to Exhale & Toxic Avenger	CMH IS Center Classroom B & C
Dec 8 th	830a-5p	PALS Initial Day 1	CMH Education
Dec 9 th	830a-5p	PALS Initial Day 2	CMH Education
Dec 9th	630p	EMS Christmas Dinner from Neal & Becky**	El Rodeo Bolivar
Dec 10 th	830a-5p	ACLS Initial Day 1	CMH Education
Dec 11 th	830a-5p	ACLS Initial Day 2	CMH Education
Dec 14 th	630p-930p	Mercy EMS Education Medical Assessment	Mercy EMS Education Center
Dec 16 th	730a-930a	Life Line Day Out : Waiting to Exhale & Toxic Avenger	CMH Education
Dec 16 th	4p-6p	Life Line Day Out : Waiting to Exhale & Toxic Avenger	CMH Education
Dec 23rd	11a-1p	CMH Employee Luncheon	CMH Community Rooms
Dec 30	830a-1230p	12 Lead ECG	CMH Education

Find additional training info at: <http://www.citizensmemorial.com/1calendar/index.html>

****RSVP to Neal by Dec 7th**

St. Clair County/Osceola: Don Stockton

Greetings from the Northern Territories!

Fall has taken a more decisive stance in its annual ritual of usurping spring with multiple frosts and a hard freeze behind us. This is a good time to think about your home heating systems and making sure those carbon monoxide & smoke detectors are in good working order. We should plan ahead for the winter driving conditions that are bound to happen before fall and winter are done, especially for those of us that commute primarily over rural roads that are a low priority for the snow plows. Ice scrapers, ice melt, gloves, blankets, a collapsible shovel, jumper cables, etc. whatever makes up your winter preparations - now is the time to get them ready.

Think about your patients when you bring them into the rig for treatment & transport and keeping them as warm as possible. Beware of the common pitfall of thinking your patient's comfort level is the same as yours. As first responders that should be properly dressed for the conditions outside, we get warmed up while exerting ourselves getting the patient and cot to the ambulance through the snow and mud, uphill both ways, etc. Your patient, meanwhile, is immobilized on the cot and although you made a wonderful cocoon for them before venturing out onto the frozen tundra, they are cold and getting colder by the minute. Your first instinct is to turn down the heat in the rig because you are roasting, but alas, this might be detrimental to your patients comfort and wellbeing. Long story short: the patients' needs dictate the thermostat setting during transport.

Winter driving is not limited to the snow and ice storms we experience. Beware the guy who scraped a postage stamp sized hole in his frost-covered windshields and is tootling down that blacktop road at 70mph, blind to what's going on around him.

Be safe out there and go home to your loved ones at the end of the day. Take the time to give thanks for the blessings we have in our lives this holiday season.

Merry Christmas!

Don

Stations update:

El Dorado: The furnace went out but it was on a warm day "NOT" brrrr, 25 degrees out. Maintenance jumped on it and was there that same day working on warming the crews up. Internet in Eldo is a work in progress as they are tying it in with Community Springs. Everyone hopes we get this completed shortly. We are working on getting the new store room lock changed so it will be secure. And we are working on getting some of the 1/2 walls fixed in the basement to keep people from attempting to crawl under the wall from one side to the other.

Stockton: Tim has the auto door closer installed on the door between the station and the garage and will get the Eldo one installed as time permits. We are also getting yellow stripes painted on both garage base floors on both sides to help while backing (with a spotter of course).

New Ambulances:

- 🚒 715 is running like a top and staff is getting some mileage on it this month. It has been a busy month thanks to CCMH transferring patient to all parts to this great state of ours.
- 🚒 710... Well, this one is a different story. We have had some electrical, air horn, & heating/cooling issues along with the O2 compartment door unable to open. We are looking at Auto Insta Chains and adding a Mass Casualty system to both units in case the electric auto system fails.

The crews have been doing a great job getting these trucks lined out and now we are working on labeling compartments to help with inventory control and state inspection.

Cedar County Board:

November Board Meeting was cancelled so it didn't really go as we planned and hoped due to the "bug" going around. The board meeting had to be put off until December so we will see if we are a go with the Auto Insta Chains, the Mass Casualty system, new recliners at both stations, and the onboard O2 tank loading system at that time.

The new training dummy has been ordered and should be arriving shortly to allow two units for training when Theron comes around.

Also, the replacement projector has arrived and we are now up to 2 units for training.

Standbys:

Standbys have come and gone and we are now finished with any and all standby's for Cedar County this season. I want to personally thank each and every one that stepped up to the plate and helped cover these standbys. We could not do it without you!

Personnel:

We are changing things around a bit in Cedar County. Sheila Day will be working in Stockton full time and I will be in the float medic position. We are still looking for an EMT to float due to circumstances beyond our control. Like everything, else we will persevere over this pebble in the road of life and continue on as we do best.

Thank You:

- 👉 Tim Shaw for taking the time to listen to a family member that stopped him in the store and hear her concerns and then follow up with management until it was resolved.
- 👉 Tammi C for taking the time to listen to a patient she transferred this last month. Job well done!

Get Well Soon: Greg Beydler had surgery this month on his shoulder and will be out for a short time, so keep him in your prayers for a quick and full recovery.

Have a Safe and Merry Christmas with your family. Remember to be vigilant - watch your back and your partners back and report any and everything that is NOT RIGHT!

Happy Birthday!

Doug Crawford	Dec 1 st
Bruce Goddard	Dec 6 th
Morgan Young	Dec 10 th
Kellie Burns	Dec 16 th
Mike D'Agostino	Dec 21 st
Tyler Slothower	Dec 23 rd
Eric Davey	Dec 30 th
Goldie Masters	Dec 31 st

Congratulations – Years of Service

Bruce Fugate **4 years**

James Purselley **1 year**

HealthEMS: Morgan Young

Hello CMH EMS,

How is everyone? I hope all is well in your world. Personally, I am sad that diving season is over. I spent quite a bit of time underwater this summer. Next summer, I plan to spend quite a bit more time underwater at the mile long bridge on Stockton lake. The construction crews have it closed for the winter and I bet someone will drop a wrench or something.

I want to mention to you the documentation reminders that coding is asking for you to remember while charting.

- * **OB patients:** Be sure to list the type of complication and the number of week's gestation.
- * **Medical History Pop-Ups:** Please use the pop up boxes in the medical history section. These are now available and not being used by most. Medical History is for chronic conditions or previous medical problems, not the problem today.
- * **Injury Descriptions:** Body parts that are bilateral need to be documented as such including the location. *Example:* Upper leg/arm vs lower leg/arm vs foot/hand, etc. (Limb pain is not specific enough.)
- * **DVT:** This must include location of dvt such as upper body vs lower body and left vs right
- * **Psych transports:** I need more specific dx other than "psych emergency". Please provide patient dx or problem or behaviors of patient.
- * **Accidents** (falls, mva's, etc): Please provide a better description of location the accident occurred.
 - ☞ If in a home: is it an apartment, mobile home, trailer, single family, etc.
 - ☞ MVA's was it on a: highway, freeway, off/on ramp, parking lot, state roads, etc.

The more information that we give the coding department, the more justification we have for the charges that we try to bill for the patient.

The last thing I wish to talk to you about is being vigilant. As a liaison officer to other agencies that CMH EMS interacts with, I am getting frequent updates about the bad things happening around the world. I am also getting requests for us to remain vigilant with our security. Make sure our rigs are secure and make sure our bases are secured. One of the things that are being said often is if you see something, say something. Report suspicious activity to local law enforcement! Some of the things the state criminal intelligence fusion center mentions are if you notice someone performing surveillance, someone trying to elicit or gather information, someone trying to test the security department or security procedures, report it! This may be someone performing a trial run or someone "deploying assets". In the end, trust your gut instinct, **if you see something, say something.**

Be Careful,
Morgan

Hickory County Chatter: Alice Roberts

Where has the time gone? I keep waiting to wake up in the morning and see snow on the ground. But the only thing I am waking up to is a blast of cold air as I let the dogs out in the morning. Our first snow fall was on November 21st and as the old wives tales go, we will have a total of 21 days of snow fall.

One is already down the hatch as I am typing this. With that said, don't forget to bring appropriate winter wear with you to work and stay hydrated.

CONTEST: Pick a Christmas tune and put some EMS related lyrics to that tune. Type it up and email in to me along with the tune you have picked by December 15th, and the winner will get a "small" prize..... Please: Original work only!

I have been blessed to have worked with such a wonderful group of employees this past year, who have not only kept their patients front and foremost, but who have also watched out for each other. You make my job much easier and I am thankful for each of you.

Another year is gone and we all are waiting for a new and upcoming year. Let me take this opportunity to wish you and your families a blessed and Happy Christmas. May the upcoming year bring you all the success and happiness that each of you well deserve.

Merry Christmas,
Alice Roberts EMT-P

Polk County News: Aaron Weaver

Last June, we added that 12 leads are to be done in 10 minutes or less on our performance center evaluation. Polk County is getting this done only 47% of the time. In order to meet our goal of a "3" rating, we need them to be within 10 minutes **75 %** of the time. If we can hit 80%, we will obtain a "4". I believe 80% is achievable and if we work really hard at this, we can get to 90%. Here are some of the ways we can achieve our goal:

Standard Practice: We should always take our monitor to the patient and do a 12 lead prior to moving the patient.

Patient Contact time: We need to keep more accurate patient contact times. If you take a portable radio with you, call dispatch with the patient contact time and it will automatically feed into your CAD data.

Teamwork: If we work as a team after patient contact, one person interview while the other person is doing a 12 lead, we have a greater chance of meeting our 10 minute goal.

I really believe we have very strong team members at CMH and I honestly believe our skills and knowledge competes, if not surpasses, many ambulance services in Missouri. This is why I think we can achieve our stretch goal of 90 percent.

We are still not getting our charts exported in a timely manner. We have talked about this in staff meeting as well as mentioned it in the past issues of the EMS Newsletter. We **must** have the charts exported within 24 hours. Not only are the charts for billing, but they also export to the state. I need all of you to make a better effort in exporting your charts and help your partner remember to do theirs as well.

We are going to be moving into the soon-to-be-open education department space before long. I would like to hear some ideas from everyone on how we want to arrange our living spaces as well as ideas for storage. I want the team to be a part of the relocating process, so feel free to give us some ideas.

The station has been looking good! I have been seeing people clean and taking care of stuff at the base. Thank you guys for the hard work that you have been putting in and the shifts you have been picking up.

Happy holidays,
Aaron

Version 5 of protocols have been signed and I'll be updating hardcopies in the next few weeks. The best location for you to get an electronic copy is from the CMH F-drive (F:\Depts\Pre-Hospital\Resource Book\Protocols). I'll make you a pocket-sized protocol book if you agree to maintain it and return it if you separate from CMH by signing an agreement that can be found on page three. Protocols should be used as a guide and supplement pathophysiology knowledge, thorough assessment, and critical thinking. If you want to do something not allowed in protocols, medical control is a quick phone call away. Below are some of the changes, this list is not exhaustive list - it is your responsibility to learn about all the changes which are conveniently listed in the appendix at the back:

- Entire document: Combined document for Citizens and Ellett EMS. Part of the assistance we are providing to Ellett is protocols. Dr Kramer is the Ellett medical director and he liked most of our current protocols, so to make my job easier, I am just going to update one document and get two sets of signatures.
- 1-020 General Trauma: Added Celox, Tourniquet, and maintain warmth of the patient. Hemorrhage control is important and should be addressed early and aggressively. Hypothermia in trauma patients should be avoided.
- 2-020 A-Fib, 2-040 Bradycardia: Changed heart rate threshold. Treatment in the emergency room for tachycardia and bradycardia is done after consideration of other causes. Expanding the threshold should help with those borderline patients that may have sepsis or other causes.
- 2-050 Chest Discomfort: Removed the need for medical control for inferior MI and added fluid bolus for right MI. Our increased use of 15-leads and identifying location of MI allows us to treat heart attacks more appropriately. Confidence from physicians and supervisors has increased that CMH paramedics are not dumping pressures or causing harm.
- 4-020 Anaphylaxis: Reduced Epi and Benadryl doses. Altered bronchodilator medications. Adult Epi 1:10,000 dose might have been a typo in the last version. Pediatric Benadryl dose now easier to calculate. Pediatric bronchodilator treatments have been simplified.
- 4-040 Behavioral: Added Ketamine. Certain behavioral patients (specifically those on bath salts) do not respond to many sedatives but respond well to Ketamine, even if it is given IM.
- 4-120 Hypoglycemia, 6-070 Documentation: Added comment that medical control must be contacted for PRC under additional circumstances. Refusals are the number-one type of EMS call that results in a lawsuit. They are also one of the only types of call where a physician is not involved in decision-making. This is a great liability for medical directors. Additionally, both CMH and EMH are relying on BLS crews more. Therefore, if an ALS procedure has been completed or if an ALS assessment is not available (BLS crew), medical control must be contacted prior to a PRC.
- 4-140 Poisoning: Modified Narcan max dose to 2 mg. Narcan pre-loaded syringes we use come at a dose of 2 mg. Small doses of 0.2-0.4 mg can counteract narcotic apnea. The larger the dose, the greater the chance for agitation and other side effects. There's an interesting study (<http://emj.bmj.com/content/22/9/612.full>) that 1 mg in a 80 kg person will occupy 50% of receptors. This same study also reveals that IM route works just as well as IV route of Narcan.
- Trauma protocols: Added TXA. TXA can now be placed on ambulances and used for major injuries with persistent shock.
- 6-021 No Fly Zone: Increased zone from 23 min to 35 min. Previous zone of 23 minutes travel time was based on activation, lift, and travel time for Lifeline. This did not include landing, patient handoff, and takeoff time.
- 6-025 CPR: Created this section. We created this section when we were investigating using Cardio-Cerebral Resuscitation in addition to traditional CPR. CCR has not yet been proven in clinical research sufficiently for AHA to embrace it, so we are maintaining CPR.
- 6-050 Pain Control: Added Ketamine. For severe pain or painful procedures (i.e. extrication or movement of fractures), Ketamine is now an alternative to high doses of narcotics that may affect blood pressure or respiratory drive.
- 6-085 High-Threat: Added this protocol. This will continue to be an evolving protocol and operational area. This is essentially our first draft. Look for updates here as threats change, we get equipment, and train with law enforcement.
- 6-110 RSI: Numerous changes. As we look to get paralytic medications on ambulances and continue training and competency this protocol got a lot of scrutiny.
- 7-001 Medications on Ambulances, 8-001 Equipment on Ambulances: Added these sections. State of Missouri requires our medical director to sign off on what is actually being carried on ambulances. We also want a more specific list to help with stock and truck checks. Expect these sections to be improved and be used for daily truck checks.
- 7-230 Fentanyl: Added max single dose to be 50 mcg. Many of us already give Fentanyl slowly. To ensure this practice is documented as the preferred method, this requirement has been added.
- 8-110 Gastric Tube: Added indication for LMA in addition to King. This is to support the requirement that when a King Airway or LMA Airway has been used, a gastric tube should be used as part of the confirmation of correct placement.
- 8-170 LMA Supreme: Added this section. Our only backup airway has been the King which is only for adults. With the movement towards RSI, a pediatric backup airway has become even more important. The LMA Supreme will meet this need and may now be used. We will carry sizes 1 and 2 and they are available through CMH Materials Management.
- 8-190 Lifepak: Added biphasic energy doses as an option. Maximum energy doses (360 J) are still our default but biphasic doses may now be considered (200 J). AHA still recommends the max dose if the biphasic dose is unsuccessful.