

# CMH EMS Newsletter

October 2016 Volume 3 Issue 2



## NOTES FROM NEAL

I am a big fan of swimming and really enjoyed the Olympics. Michael Phelps was one of the swim team captains. In their 1<sup>st</sup> team meeting, Michael said we all have to be positive and I do not want anything negative said. The US Swim Team then went on the set their team goals. When you watched TV, the focus was on the individual. What we did not see was what was going on behind the scene. Everyone supporting everyone else, individual goals were met but would not have been possible without team support. They were one of the most successful Olympic swim team in years. I do not believe we will see another swimmer like Michael Phelps for a long time. But, we will have the opportunity to watch Katie Ledecky continue to chalk up work records. What she does is incredible! But, there is a positive team behind her. You can choose to be positive or negative. Being positive is powerful. It will make you perform better and be a happier person. It will help you reach your life goals. Is your glass half empty or half full? Mine is ¾ full.

Our 2017 Performance Center Department goals are:

- Interdepartmental Satisfaction and
- 12 lead 10 minutes or less when we use the chest pain protocol.

Last year, we had a 4.6 for our Interdepartmental Satisfaction. 4.6 is one of the highest scores. We do a great job interacting with other departments. I am confident we will continue this achievement and I would like to raise the bar. Can we get at 4.7? We are on the way. What can you do? Be professional in your interactions with other departments. If we are delayed, a short explanation helps them understand what caused the delay. We want to under promise and over deliver.

Our 12 lead in less than 10 minutes is a work in progress. We continue to improve. Our goal is 80%. Remember to (1) take your monitor in to the patient, (2) turn it on when you make patient contact, and (3) work as a team to obtain the 12 lead. If you do the three actions above, we will easily meet our goal.

*Continued on page 4*

## FROM THE DESK OF THE C.O.O. JEFF MILLER

I wanted to speak briefly about connecting to purpose in this month's newsletter. I have often thought of all the jobs in this world, healthcare, and EMS specifically, definitely connects to purposeful, worthwhile work. Very few are able to do the job that you do each day. I view your job as saving lives, but also providing exceptional service while doing so. True, the main purpose you hold is to treat the most critically ill in their most vulnerable state; however, **it's not just what you do, but how** you do it that makes the difference for your patients. This is definitely something to consider and ponder upon. This leads right into my next point of discussion, which is to inform you that CMH is moving to a new company to measure patient satisfaction. CMH had been utilizing HealthStream Database to measure patient satisfaction and we are moving to National Research Corporation (NRC). NRC will now be measuring the patient experience for our EMS patients, which is something new. Patients treated by our EMS staff will be contacted and asked several questions about their experience of being treated by you, from not only a clinical perspective, but from a service perspective. Our patient experience scores will be compared to other EMS services and we will see how we stack up against many other agencies throughout the United States. As I mentioned earlier, it will not only be what you do, but **how** you do it that makes the difference to your patients. Being clinically sound is very important, but this is only half of the equation that must be answered. *Continued on page 4*



## INSIDE THIS ISSUE

Special Operations.....	2
HealthEMS News.....	3
Uniform Ordering.....	3
Notes from Neal (con't) ....	4
From Jeff Miller (con't).....	4
Anniversaries/Birthdays....	4
Cedar Co News .....	5
Polk Co News .....	5
Hickory/St. Clair.....	6
Education/Clinical.....	7
Health & Safety.....	7
STEMI Report.....	8
CMH Organizational Chart..	9

## STAFF MEETINGS

- Oct 13 @ 830 Osceola
- Oct 18 @ 830 Hermitage
- Oct 20 @ 830 Cedar Co.

## COMPETENCIES

CANCELLED FOR OCTOBER

## EDUCATIONAL OPPORTUNITIES

### **CMH EDUCATION:**

- Oct 4th ACLS Renewal
- Oct 5th ECG & Pharmacology 830am—1230pm
- Oct 10th & 11th ACLS Initial 830am—5pm
- Oct 20th PALS Renewal

\*To register, contact CMH Education Services at 328-6769

### **MERCY EDUCATION:**

- Oct 10th Defensive Tactics 630pm-930pm Mercy EMS Education Center 1407 E St Louis St, Spfd

## SPECIAL OPERATIONS—MORGAN YOUNG

Hello CMH EMS,

This month, I want to congratulate **Aaron Weaver** on attaining two certifications as a scuba diver. This summer he became a **Master Scuba diver**, and then also became a **Divemaster**. Both are PADI Certifications. It is quite an accomplishment and very exciting.

### Congratulations Aaron Weaver!



As I write this, I just left the Black Walnut Festival Parade. I want to thank everyone that worked standbys and extra shifts during the festival. I am getting ready to go to the National Fire Academy to attend classes on the management of EMS services. It is a good opportunity for training.

Be Careful,

Morgan Young, A.A.S. CCEMT-P I/C  
EMS Special Operations Coordinator

### Farewell Tammi Clark!

BEST WISHES ON YOUR NEW ADVENTURE!  
WE WILL MISS YOU!



*"Remember, the generated narratives we have are just the start to documenting the call. You still need to add several things to the narrative to say what happened on the call."*

## HEALTHEMS

Well, Summer officially ended and diving will soon be ending also, for the most part anyway. It has been a busy summer and I hope that it will ease up a bit as the weather gets cooler.

As I work with HealthEMS, I find little things that need to be corrected or added. If you find such things, please send me an email so I can correct them. I prefer email so I can **keep a record of them. We can't fix** everything, but will try our best.

Please make sure your call number is formatted correctly. The first 2 digits are the year, 3<sup>rd</sup> digit is the station/county (THIS IS THE ONLY LETTER IN OUR CALL NUMBERS), last 4 digits are the call numbers, and this **MUST BE 4 DIGITS LONG.**

- ¤ Polk station is **P**,
- ¤ Stockton station is **S**,
- ¤ El Dorado station is **E**,
- ¤ Osceola station is **C**,
- ¤ Hickory station is **H**.

Make sure if you have a ZERO (**0**) that it is a ZERO, not the letter O.

When you fly a patient from the scene and you **DO NOT** move your ambulance, you need to mark **Treated/Transferred Care**. If you put them in the back of the ambulance and drive a tenth of a mile or more, you need to mark **Treated/Transported**. Along with marking Treated/Transported, you need to put the location of your Landing Zone in the destination address. Billing needs to verify the mileage, so directions or description of location is good, along with city.

We have some new First Responder selections available and you can start using them now, if you wish. You will have to choose a First Responder on **ALL** tickets starting **Oct 15**. The new choices are:

- ¤ No responders, none dispatched.
- ¤ No responders, dispatched/cancelled
- ¤ No responders, dispatched/none responded

We have added Scene Transferred Care to the Destination to use when you transfer care from one ambulance to the other. We may be adding more locations later, as needed.

Remember, the generated narratives we have are just the start to documenting the call. You still need to add several things to the narrative to say what happened on the call. If someone that was not on the call reads the ticket and cannot figure out what was going on, and why you treated them or not, you need to write your narrative better.

**That's all for now,**  
Tom L.

## UNIFORM ORDERING

The first monthly order went well. There are a few things to mention:

\* Please DO NOT contact or stop by Creator Design per their request. Any questions should be directed to me. Do not drop off items for embroidery. These items should be brought (or sent via courier) to the Polk Station to my attention. Tell me what you need done, and I will send it to Creator Design when we place the monthly order.

\* If you place an order and it exceeds your remaining allowance, you **must** get your station Manager's approval.

They will email me with this approval prior to the order being placed on the 15th of the month. Without their approval, the item will not be ordered.

\* Payroll deduction forms will be sent to you after the order is placed for anyone who exceeds their uniform allowance. This form must be completed and returned to Missi Painter prior to receiving your items. I will forward it to the proper party.

\* If anyone has extra uniform tops or pants they would like to "recycle" to the storeroom, please bring them in. We will set up a recycle basket at the Polk Co Station for them. If you are at an outlaying county, kindly box them up and send via courier to the POLK station to my attention. I will gather them, sort them, and place in the storeroom to issue to new hires for temporary use until after their personal uniforms arrive.

I know there will be a lot of questions, so feel free to email me and I will do my best to get back to you in a timely manner.

Thanks!  
Missi Painter  
[melisa.painter@citizensmemorial.com](mailto:melisa.painter@citizensmemorial.com)



## CONGRATULATIONS

### YEARS OF CMH SERVICE

**Neal Taylor**    **24**

**Alice Roberts**    **14**

**John Shaver**    **6**

**Tim Shaw**    **2**

**Tina Craig**    **1**

## October Birthdays

**Tammi Clark**    **2nd**

**Brandi Tunender**    **6th**

**Greg Bentrup**    **19th**

**Carolyn Ream**    **21st**

**Tom Ryan**    **24th**

**Jay Fry**    **26th**

**Jeff Beasley**    **27th**

## NOTES FROM NEAL

*Continued from page 4*

Competency attendance is your individual goal. Everyone should get 100%. We have our competency schedule out at the first of each year. We hold the competency on multiple dates and locations. When we are approaching time for a competency, we post in each station. This upcoming year, we will send our IRIS messages as well. When the 2017 schedule comes out, be sure to mark your calendars. This year, the CES (formerly known as FTO's) will be working to present the competencies. They will be low volume - high risk skills and protocols. This is the time to brush off the dust, renew muscle and brain memory, and open up the neuropathways that are not used that often. When we use these skills, we need to be fluid and knowledgeable, and be as comfortable as you can in a critical situation. We want everyone to be successful! Make it your personal goal to attend all competencies. Not only are they helpful, they are required in your job description. Do you want someone taking care of you or your loved ones that blew off their critical care competencies?? I know I don't and I am sure you don't as well.

As we move forward, Brice, the managers, and staff have been working to come up with a equipment and supply inventory list that is consistent among all bases and trucks. We are almost done. It is a huge project and everyone has an opinion. Associated with the new inventory, we will begin using a tag system to help us keep trucks stocked and allow for a quicker check at shift change. It is going to take everyone to implement the system.. As we progress with this system, please be thorough, thoughtful, and communicate at shift change. Be open to the new way of doing your truck check. As we begin to use the tagging system, it will take time to get used to it. We will undoubtedly make changes as the system matures. This will help you be prepared for each response.

Culture has an inertia that strangles new ideas in the crib. We are changing the EMS culture. Please do not be the person that strangles the baby.

Thank you for all you do! Try to take time to enjoy the weather and outdoors as we move into fall.

Neal Taylor

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*"This upcoming year, we will send our IRIS messages as well (for competencies.) When the 2017 Competency schedule comes out, be sure to mark your calendars."*

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## FROM THE DESK OF THE C.O.O. JEFF MILLER

*Continued from page 4*

The other half is the service you provide your patient as well as the family. I look forward to see how we measure up against other agencies throughout the United States and I am confident we will perform very well. **This is a huge challenge that I am sure each of you will accept to "always" provide exceptional care and service that makes CMH not only a great place to work, but a great place to receive care!**

When we finalize the questions that will be asked of our patients, Neal and the other supervisors will be providing you a list of questions that will be asked of them so you know how we are compared to other EMS services. As we get results back, we will be sharing this information with you. Thank you for what you do each day to improve the lives of those we serve! Feel free to let me know what you are thinking. You can email me or call me at x6500. Thank you!

**Jeff Miller, Chief Operating Officer**

## LIFE & TIMES FROM THE BEAUTIFUL STOCKTON LAKE

Well, another Summer has come and gone, and so has another Stockton Black Walnut Festival. We can put in the record books that it was a hot one with several people being treated for heat on the last day of the event. The crews did a great job prioritizing the patients and treating them, and no patient went unseen. One patient was transported by the EI Do crew. Thanks guys!! Did we make mistakes this year? Well, more than likely. Can we learn from these mistakes for next year so history will not repeat itself? Yes, we can and will. We have already made notes and posted them on the F Drive for next year so not to repeat the years past issues. Thanks again for all the standby crews that gave up their time to come help out their fellow men/women to ensure safe festival activities.

School is back in session, and with school comes football games. Yes, that is correct and the **undefeated** Stockton Tigers are on their way to a great season. Oh wait... did I say Stockton Tigers? I meant SBU Bearcats! Sorry! I got my teams mixed up. And, GO Chiefs. Anyway, please see what you can do to help support all the local teams, and help fill in standby coverage to these games because we really need your help. We are having **some great weather now for these games, so don't forget your jacket and hot chocolate.**

Cedar County Board - We are working on 2017 Budget. We have been talking about a new truck and, of course, all the equipment that goes along with that (Stryker Cot and load system, Lucas Device.) We are also looking at updating some furniture for the stations, and we are looking into Stockton to see if we have any concerns with this old building. The Board has approved to have a

company come in and check it for us, and so far, everything is looking good. There are just a couple of small issues that the company thinks might need addressed, which we will look at those at the next board meeting. They are still looking for a replacement on the Board for Sue Rice, so if you or someone you know lives in Area 1, or otherwise known as the west ½ of El Dorado, call us and we will follow up with them to see if they might want to be our next Ambulance Board member.

**Uniforms – Winter is just around the corner, so don't forget to weather proof those boots to help keep the wet weather out before it's too late! Any questions about what CMH will pay for? Get with your local Ops Mgr before you order or try to go pick up something on your own, because it might not get reimbursed by CMH if you don't. Uniform allowance is intended for attire, not equipment you wish to carry.**

**Trucks – Make sure your trucks are being stocked now for cooler weather. Don't forget the heavy blankets and heat packs. Stock up now before they run out. Don't forget, we are a TEAM and need to work as a TEAM when it comes to taking care of our ambulances, if it might be stocking them or washing them. Don't leave your partner out there to do it all themselves; whatever you are doing inside can WAIT!**

Thanks for all you do and helping CMH be #1. Anything we can do for YOU, please ask!

Tom Ryan  
Ops Mgr Cedar Co.

## POLK COUNTY NEWS

**We are very close to getting the trucks tagged and the check list on the computer. We will have a paper back up also. The first week of October, we should be starting use of them. Since we were unable to give a go live date, we did not do a 30 day roll out. Once it starts, we will have a 30 day educational period of learning the system and reviewing the policy that we will put out with it. Feel free to ask questions! Brice or I will be more than happy to answer them.**

**Thank you Brice for moving to nights for a while to help us out in Polk County. Congratulations to Cody for getting his medic license! He has been riding as a second medic, with some single medic shifts thrown in on occasion, and now released to run the truck on his own!**

**A big thank you to every one picking up extra shifts.**

**I would personally like to thank everyone for their concern with my family issues taking place. I'm not sure what is going to happen as far as taking off work or what I will be doing, but as soon as I know I will let everyone know. Again, thank you!**

**Aaron Weaver, Paramedic  
Operations Manager – CMH EMS Polk County**

## HICKORY/ST. CLAIR COUNTY NEWS



### SCHEDULE

**Last full schedule  
of the year will be  
from November  
13 to December  
24<sup>th</sup>**

**EMT request off  
due by: October  
14**

**Availability Due  
by October 28<sup>th</sup>**

**New schedule out  
by November 4<sup>th</sup>.**

Halloween will be bringing the little monsters out of their houses on the last day of the month, in search of candy and other sweet treats. If you happen to swing by the square in Hickory County, you might even see the **CMH EMS Minions** busy at work handing out candy. If you are working, be extra careful and aware of these small little princess', monsters, witches, etc. The search for that sugar high tends to make these little folks brain dead and unaware of their surroundings. Lets make sure we are at the top of our game and be their guardian angel for the night.

A lot is happening behind the scenes with the management team and with the tagging system in the ambulances going full swing ahead. I hope to have both Hickory and Osceola ambulances done by mid to the end of October. The tagging system will only work if all are involved in each station. It will fail if you choose to make it a failure. I hope EVERYONE will be on board and choose to make this work and make it easier on not only yourself, but each other.

Please remember to get in and do your daily station duties and not leave them for someone else to do. I know we have all have had some crazy and relentless shifts in September. Help each other out when your shift is slow and be respectful of each other.

I would like to welcome **Rob Hutson** to a Full Time position here at CMH EMS. He will be helping out in the 24 hour stations in covering shifts.

**Amanda Dickover** has moved to a Polk County position and there is an opening at Osceola. If you wish to be considered for this position, please let Neal or myself know. I want to thank **Jaymes Hall** for filling in until this position has been filled.

In closing, please remember to make CMH Guiding Principles and using AIDET a habit with each and every call you go on. If it is not a habit by nature, please work on making it one. I have had a few complaints filter in and these two things mentioned above can make all the difference in the world.

Have a happy and safe October. Thanks to each and every one of you for everything that you do and what you bring to this organization.

Alice Roberts BS, EMT-P, I/C  
Hickory-Osceola Operations Manager



### CODE SAVE!!

Tuesday, Sept 27th, the crew of 1740, along with Greg Beydler, responded to a call and found the patient unresponsive and in asystole. CPR initiated and after amazing teamwork in a crowded bedroom, ROSC was achieved. Pt was transported to Cedar County Memorial for further care.

3 hours later ..... on Wednesday morning, Sept 28th, the crew of 1740 was dispatched to a female in labor. Upon arrival, the patient stated she was in labor and wanted to go to Nevada Regional. While en route to Nevada, the ambulance stopped at the side of Hwy 54 , and moments later, a beautiful baby girl was born. After ensuring both patients were stable, transport resumed to destination. Mother and baby (and Daddy) were doing fine and transport resumed.

Great Job Team!



## EDUCATION/CLINICAL NEWS—THERON BECKER

In the last 30 days we have seen the graduation of our latest EMS Instructor Course and three classes of Field Training Officers. BTW, FTOs are now called Clinical Education Specialists. Congratulations to three CMH EMS employees completing the month-long EMS Instructor Course (Brice Flynn, Emma Igo, and Dawn Sloan).

Last year, 16 employees were FTOs. This year, we have 27 Clinical Educators. This increase will be beneficial for education resources and to spread out the load of student and new hire riders. We average about three to four riders per week somewhere in our service. Having a rider shift after shift can be a hardship where you have little downtime and have to put your personal projects on hold. I appreciate all the FTOs from last year that put in a lot of extra effort to make the multiple EMT and paramedic classes successful in addition to the 14 new hires that came through our department last year.

### **Why are Clinical Educators so important to CMH EMS?**

Clinical Educators are senior EMTs and paramedics. They have a lot of experience and knowledge that will be lost if it is not transferred to younger generations. The culture and history of CMH are also an important legacy that is passed down. Most importantly, techniques to stay safe

and provide exceptional, compassionate care are shared with new hires and students. These nuggets of information are usually learned the hard way, not out of a textbook or in lecture.

Think about the first time you wore a uniform with an EMT or paramedic patch. Were you a good EMT or paramedic? Of course not, you were just starting in learning what it takes to be successful. How many of us were thrown into the water and expected to sink or swim?

Clinical Educators are the swimming coaches showing new swimmers how to keep their head above water and not drown. Clinical Educators also shape the future of where we are going as a department and profession. Clinical Educators drive protocol changes. Clinical Educators select new equipment. Clinical Educators influence hiring and promotion decisions.

In short, Clinical Educators are the architects of the future of CMH EMS and I am proud of the improvements we are making every day in this department through these EMTs and paramedics that show they are positive, respectful, innovative, dedicated, and empowered.

Theron Becker  
EMS Clinical Officer

## HEALTH AND SAFETY NEWS—BRICE FLYNN

September is gone and fall will soon be here. As the weather will be changing, so will our ambulances. Several people have been working on the massive project of ambulance stock. These changes will be small and you have likely seen them start. Please understand that as cabinets are labeled with the updated ambulance stock, your input is valuable. We will label all ambulance cabinets and will have stock lists in bags so that the stock lists will be literally within arms reach as you stock any area of your ambulance. Please help with this process by making positive suggestions.

If you have safety or training items that you would like to see in our department, please let me know. Some items on my safety wish list are:

- ☒ life jackets and
- ☒ throw rope bags.

Secondly, your stations have equipment in them to use so that you can work on keeping yourself strong and flexible. Please use this equipment, or just the space and time we have given you to use, so that you can work towards preventing a back injury. The next phase that will be starting is video based lifting education from a Physical Therapist. Look for that in the future.

I know that isn't much of an update but you, the person who is actually reading this, are an important member of the department. Thank you for taking the time to read and stay informed about our department. Work hard at making it better.

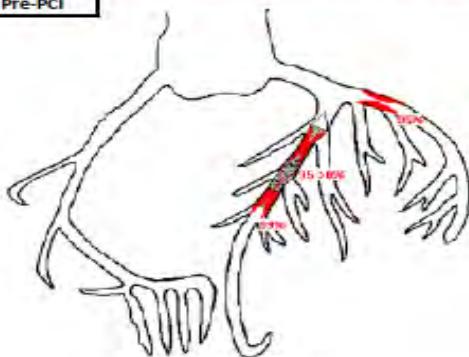
Brice Flynn  
NRP, AAS, BA  
Health and Safety Chief

# STEMI Case Report – H1016090

8/21/16

Patient	Location	S/S Onset	911	FMC	FMC 2ECG	Scene Time	D2 Actv	CMH Arrival	ED DIDO	D2B	FMC2B	Ischemic Time	Dr.	Quality Measures
47 y/o	Pittsburg	20:00	21:33	21:53	3 min	12 min	- 36 min PTA	22:38	10 min	29 min	74 min	3 hr, 7 min	Shuaib	100%
M				CMH EMS	Goal <10	Goal <20	PRE-ACTV!	Mercy Lifeline	Goal <30	Goal <90	Goal <120	Goal <4 hr	Merk	ACC Recommendations Met

Narrative	Chief Complaint	Diagnosis	Outcome
EMS ECG transmission immediately performed; STEMI pre-activation immediately performed; CMH EMS met Mercy Lifeline for helicopter transport	Sudden onset of 7/10 chest pain after eating dinner	Anteroseptal STEMI	95% prox LAD → DES x2; EF = 60% Discharged home following day



EMS –C. Ream, T. Liberty | Lifeline – K. Norris | ED – Dr. Merk, R. Dunlap, M. Price | CCL = Dr. Shuaib, K. Cantrell, P. McClure, R. Richardson, J. Menard | Social Services = J. Finkenbinder | ICU = (Admit) C. Fredrickson, (D/C) K. Christian | CR = K. Stockton

FMC = First Medical Contact | DIDO = Door In Door Out | FMC2B = FMC to Balloon | LAD = Left Anterior Descending Artery | DES = Drug-Eluting Stent | EF = Ejection Fraction

Post-PCI

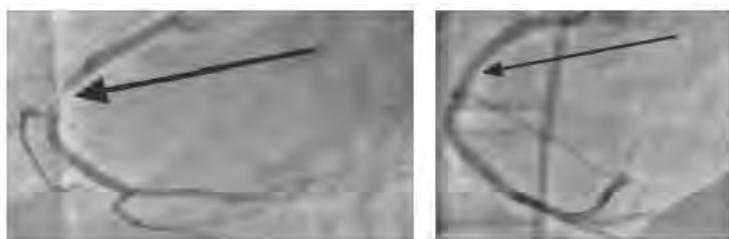
Quality Cardiac Care Recommendations		
ASA within 24 Hrs of Arrival	MET	324 mg by EMS
ASA @ D/C	MET	ASA 325 mg
Antiplatelet @ D/C	MET	Effient 10 mg
Beta Blocker @ D/C	MET	Metoprolol 25 mg BID
Statins @ D/C	MET	Lipitor 80 mg
ACE-I / ARB for LVSD @ D/C	N/A	EF = 60%
LV Evaluation @ D/C	MET	LV Gram & Echo
Smoking Cessation Advice	MET	YES
Cardiac Rehab Referral	MET	YES

# STEMI Case Report – H1024064

9/24/16

Patient	Location	S/S Onset	911	FMC	FMC 2ECG	Scene Time	D2 Actv	CMH Arrival	ED DIDO	D2B	FMC2B	Ischemic Time	Dr.	Quality Measures
47 y/o	El Dorado Springs	11:50	12:50	12:58	5 min	27 min	- 35 min PTA	14:04	Bypassed	19 min	85 min	2 hr, 33 min	Shuaib	100%
M				CMH EMS	Goal <10	Goal <20	PRE-ACTV!	Mercy Lifeline	Goal <30	Goal <90	Goal <120	Goal <4 hr	Merk	ACC Recommendations Met

Narrative	Chief Complaint	Diagnosis	Outcome
1 <sup>st</sup> EMS ECG negative; STEMI revealed with 2 <sup>nd</sup> ECG 13 min later EMS ECG transmission & STEMI pre-activation performed; CMH EMS met Mercy Lifeline for helicopter transport Bypassed ED – Mercy Lifeline Direct to CCL	Sudden onset of severe chest pain at rest radiating into left arm, associated with nausea & shortness of breath	Inferior STEMI	90% prox RCA → DES; EF = 55%. Discharged home two days later



Quality Cardiac Care Recommendations		
ASA within 24 Hrs of Arrival	MET	324 mg by EMS
ASA @ D/C	MET	ASA 325 mg
Antiplatelet @ D/C	MET	Plavix
Beta Blocker @ D/C	MET	Metoprolol
Statins @ D/C	MET	Atorvastatin
ACE-I / ARB for LVSD @ D/C	N/A	Lisinopril, EF = 55%
LV Evaluation @ D/C	MET	LV Gram & Echo
Smoking Cessation Advice	MET	YES
Cardiac Rehab Referral	MET	YES

EMS –Walker, Painter | Lifeline – Norris | ED – Dr. Merk, Simrell | CCL = Dr. Shuaib, McClure, Richardson, Bowden, Ferguson | ICU = (Admit) Christian, (D/C) Cochran | CR = Stockton  
FMC = First Medical Contact | D2B = Door to Balloon | FMC2B = FMC to Balloon | RCA = Right Coronary Artery | DES = Drug-Eluting Stent | EF = Ejection Fraction