

CMH EMS Newsletter

November 2016 Volume 3 Issue 3



NOTES FROM NEAL

We are rolling into fall. Local Football games are about over. We have only 2 full time paramedic positions open now. We still need to recruit 1 or 2 more Paramedics, and we have several PRN Paramedic Openings. We hope to have all EMT opening filled by the middle of November.

Reminder: Full Time staff please re-enroll for your 2017 insurance!!

Mr. Babb announced and it has hit the media about CMH signing a letter of intent to pursue a partnership with Cox Health System. This is a move Mr. Babb and the Board of Directors felt is necessary for us to continue to grow and continue to deliver quality healthcare to our area. As we move forward, I will keep you apprised of progress when I have information to share.

Mindy, our EMS Coder, sends me documentation tid bits that will help us write better charts, which will improve our documentation and help her be more accurate when she codes a chart.

- 📎 Please be specific as possible when describing an injury.
- 📎 Describe where the injury is: medial, lateral, distal, anterior, posterior.
 - forehead above the left or right eye.
 - 📎 Example: *Laceration to the forehead above the (left or right) eye approximately 2" long running vertically above the (right) eye with bleeding controlled.*
- 📎 When the patient is pregnant, chart how many weeks of gestation patient is at time of transport.
- 📎 Details of how the injury occurred: Where, how, the cause, location, what was the patient doing when the injury occurred.

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

It's never easy to make a bad situation good! Let's face it, most of what you see and the patients you care for are possibly in the worst situations of their lives and the challenge to make that a good experience is a difficult task at best; however, what we can do is to provide exceptional, compassionate care. Patients don't really care what you know, until they know you care! They will not remember what you did for them exactly but they will remember how you made them feel. Did they feel you cared about their situation, their pain? Did they feel you were compassionate? I am reminded of **Tim Shaw and Jennifer Smiley** when I write these words. The fact that they took an elderly gentleman home to care for his pets prior to taking him to the hospital showed great compassion and care for what was important to him. I assure you that he remembers that they cared and were compassionate toward him. I am also reminded of the story sent to me about **Jaymes Hall**, who built a side table for a patient that was using his walker as a make shift table. What a great story of compassion and care!!! I might also add this helped prevent him from falling as often. We have lots of employees like this working in our EMS Department. It is stories such as these that make CMH exceptional. Providing good care is no longer enough. What is it that we can do that truly makes us exceptional? Everyone will tell you they expect good care when you arrive. Please think beyond being good and what we can each do to achieve greatness!

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STAFF MEETINGS

- 📎 11-8 @ 830 Osceola
- 📎 11-16 @ 830 Polk
- 📎 11-17 @ 830 Cedar Co.

EDUCATIONAL OPPORTUNITIES

CMH EDUCATION:

- 11-3 PALS Renewal
830a-5p
- 11-4 ACLS Renewal
830am—5pm
- 11-3 PALS Renewal
830a-5p
- 11-16 Basic Arrhythmias
830—1230p
- 11-29 ACLS Renewal
830am—5pm

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

MERCY EDUCATION:

- 11-14 Advanced Airways
630pm-930pm
Mercy EMS Education Center
1407 E St Louis St, Spfd

SPECIAL OPERATIONS—MORGAN YOUNG

Hello CMH EMS,

I was lucky enough to get to spend ten days at the National Fire Academy at the end of September and the first of October. It was a very neat experience. I took the Management of EMS class. I am sure that this won't be surprising to anyone, out of 17 students, only three were not there as part of a Fire Department.

I learned several things that were new to me. Some of the subjects covered in this class were leadership, planning and time management, collecting and analyzing data, issues impacting EMS, management of human resources, management of system resources, and external partnerships. These classes were pretty generic, but they were also very eye opening to me. I will try to keep adding these new skills to my everyday life.

Fall is upon us. I am afraid that tomorrow (10-17-16) might be my last time scuba diving in 2016. As you all know, this is a sad time for most of the divers. Pretty soon, we will be concerned about our flu shots. I hope everyone practices safe universal precautions and washes their hands as much as possible.

During our last all EMS department staff meeting, I spoke about CMH's fall exercise. Unfortunately, due to things beyond my control, that exercise has been canceled. We are already holding the initial planning conference for the next exercise.

My favorite holiday is coming up! Veteran's Day is just around the corner. Veteran's Day is the only day of the year I routinely ask off. I try to go to the Veteran's assembly at Stockton Schools every year. I hope you will take the time to talk to a veteran and thank them for their service. I prefer to thank older veterans. A lot of them were not treated very well when they came home from their tour of service.

Another of my "favorite" days are coming around. Election day. I hope you will exercise your right to vote. I believe Military duty, jury duty, and voting are some of the most important things we do in our country.

I hope that you can vote absentee, or on the day of the election. If you need to, I hope a co-worker covers a little for you so you can get this important task done. There are 13 hours to vote, and anyone can vote absentee before the election. Please make it a high priority in your life.

Everyone stay safe.

Be Careful,

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



HEALTHEMS - TOM LIBERTY

Hello Coworkers,

Just a quick note here as I have been very busy working on radio stuff.

Remember, starting November 1st, the Truck numbers will now be based on what truck you are in and not your shift. This was part of the radio change that we have alerted you that will start November 1st.

I will be trying out a new version of HealthEMS this next month. The new version will have a few changes. One of the things the new version will fix is the after midnight calls and times being critical. I am hoping that it will also help with the vital signs and flow records stay in order even after midnight. I will test it for about month before I decide if we will take it.

When documenting, remember narratives must be very well documented!!!! It takes time, yes, but it costs us money in billing if not done correctly. It could also cost you a lot also if you don't document well.

If you have any questions about HealthEMS call, text, or email me. I don't check my email but one **time a day while off work, so it's best if you need something quick to text or call me.**

"Remember, starting November 1st, the Truck numbers will now be based on what truck you are in and not your shift."

EDUCATION/CLINICAL NEWS—THERON BECKER

It has been a very busy few weeks around here. My focus has been on radio upgrades to digital. Instead of listing the details of that upgrade here, I am going to spend the time on building a HealthStreams to educate all EMTs, paramedics, security officers, and ER RNs on how to use CMH's MotoTRBO digital radio system. True, I am a radio nerd, but I think I am even more excited to build a HealthStream that EMS is going to make nurses take instead of the way it usually is where nursing sends HealthStreams to EMS.

Theron Becker
EMS Clinical Officer



"Steve Keller accepted the A week supervisor position."

POLK COUNTY NEWS - AARON WEAVER

I would like to take some time to explain the new tag system for ambulance checks. There have been some questions and comments about the upcoming change. We will have a checklist along with this tag system in the trucks. Initially, it will start out as a paper checklist with a computer version shortly thereafter.

How does the tag system work?
Can we break the tags to check the truck?
These questions are most frequent, as well as other questions on the process. The tag system is designed to have accountability when the truck was neglected. We will be able to track back to the last person that restocked the truck. However, this will not work on its own! We will need the truck checklist filled out as well. I will be collecting the truck check form and I will follow-up within a couple of days if there is a problem with the truck. We still encourage you to do complete truck checks! If you want to break a tag to look at the contents of the cabinet, then do so. But, at the end of your shift, it needs to be tagged with your DSN on the tag.

Our accountability will look like this:

- ☛ We first will talk with the person that did not complete a truck check or if they did not replace used items.
- ☛ Then, we will move on to coaching the person.
- ☛ If there is a third offense, we will fill out an Employee Development Form.
- ☛ Lastly, on the 4th offense, we will have a meeting in the Human Resources department.

This tag system should go live the first week of November. Again, since we were not able to give you all a definite start date, we will have a 30 day practice/ grace period so you guys can become familiar and comfortable with this process.

I do thank you for patience with this process. Also, if you have any questions, feel free to contact me and I can go over it with you.

Steve Keller accepted the A week supervisor position. I would like to thank both people that did apply for this position and the patience you both showed while I dealt with personal issues and was not able to hurry through our interviews. I am not 100% sure when Steve will start his new position, so we will wait on Human Resources to let us know when it is a go. It will be announced to everyone as soon as we know a start date.

I also want to go over 12 lead within 10 minutes after patient contact with everyone real quick. On our evaluation, we have to score 80 % to get a score of a 3. It is still early in the fiscal year and I really do believe that we can get at least a 90 percent, but we all need to get the monitor in the house and get the 12 leads done early. This score is a combined score of everyone in Polk county; it is not an individual score. **MY** score affects **YOUR** score and so on and so forth. Again, we do have a score of 80% right now, which is a great job. I don't want everyone to think we are doing bad because we are actually doing very well. I guess what I am trying to do is challenge you all to help Polk county to get the highest score on this performance center score.

I would like to thank everyone for the hard work that they do! I believe we have the best ambulance service in Southwest **Missouri. Let's continue to move forward** together and continue to get better.

Aaron Weaver, Paramedic
Operations Manager - Polk County
CMH EMS



CONGRATULATIONS

YEARS OF CMH SERVICE

31 Years!!!

Chris Nickos

5 Years

Greg Beydler

Amanda Dickover

4 Years

Brice Flynn

Linda Kanzenbach

3 Years

Tom Ryan

Mike Minter

1 Year

Dawn Sloan

November Birthdays

Brian Whalen 1st

Missi Painter 9th

Bryan Albright 22nd

Allison Young 25th

Emma Igo 27th

Andy Morris 27th

November 15th is the last date to take advantage of the Cotton Duty Shirt Trade In opportunity. Go to Ozarksems.com and place your order for replacement duty shirts. Make sure to turn in your cotton shirts in the recycle bins at the Polk Co station OR send them to me via interoffice mail to the El Dorado Springs station. We can make arrangements to trade shirts if necessary. After the shirts are distributed, the cotton shirts will no longer be allowed as duty wear. Contact Missi with any questions. Melisa.painter@citizensmemorial.com

“Flu like signs and symptoms” has been noted in charts many times. Flu like signs and symptoms need to be defined.

Have they been diagnosed with the flu?

If so what type of Flu?

The signs and symptoms the patient has need to be described:

is it gastrointestinal,

is it body ached and chills with a fever.

Explain exactly what you mean by “Flu like symptoms.” Just saying Flu does not really say anything when you are writing a PCR.

Here is an example of detail needed for a narrative:

Patent was at his home in the 2nd floor bedroom, playing with siblings, bouncing on the bed, when the patient lost his balance and fell out the bedroom window. There was not a screen on the window. The patient landed on a trampoline in the back yard, feet first, bounced off the trampoline, and landed feet first in the swimming pool. Patient is found sitting in a chair next to the backyard swimming pool. Mother is supporting the patient's left leg. Patient is complaining of severe pain to his left ankle. Deformity to ankle noted, severe medial angulation of 90 degrees noted. No open wound noted, pulse, movement and sensation intact.

The more specific you are, the more complete your ePCR. Your charting is a direct reflection on your professionalism. Ask anyone that has been called into court or had to do a deposition and most wish they had charted better. I have accompanied staff to depositions and their chart made the disposition short, because they did a great job of charting. Keep in mind, just because you think the run was not big deal, it could turn into a big deal. A good way to practice, for the more complex charts, is to practice on the routine charts. Also, with the ICD 10 codes, the coders need more specific information to help then code the chart correctly. The more detailed the coding, the higher the likelihood we might get increased reimbursement of the run.

Attention to details in all things can be the difference of good to great.

Be safe and enjoy the fall.

Neal Taylor

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

Continued from page 1

I always try to share at least one habit of the 7 Habits series, so here it goes. Habit #2 is, “Beginning with the end in mind.” When I think of how this relates to EMS I think of the two examples shared above. These employees thought about the end results of their actions and it created a great experience for their patients; it created greatness! Every encounter we each have with our patients should begin with greatness in mind.

I would also like express how this habit can relate to each of us in our personal lives. I mentioned in previous newsletters that it's important to set goals. In fact, if you are up for a real challenge, you can create your own mission statement. What do you want to accomplish physically, financially, mentally, spiritually, etc.? You see, if you don't take time to think about what you want to accomplish and write the script for your life, I guarantee you that someone will write it for you. Think about that last sentence for a moment. It is very important that you set your own direction in life and what you want to achieve personally and professionally that way when the going gets tough and difficult decisions need to be made, whether it is personal or professional, you have a mission statement to reflect upon to guide you. I realize that some will read this and think, “I could never do this, or what a bunch of bull hockey.” However, I am hopeful that some will read this and find it impactful and can put these habits into practice and watch it impact their lives significantly!!! I could write about this for many pages but I will spare you and quit rambling after this last thought. A mission statement for you does not need to be lengthy or difficult. The great Stephen Covey only has a few words in his. It was, “To live, to love and to leave a legacy!” I hope you have a wonderful day!

Feel free to let me know what you are thinking or if you would like any more information about the 7 Habits of Highly Successful People. You can email me or call me at X6500. Thank you

Jeff Miller, Chief Operating Officer

HICKORY/ST. CLAIR COUNTY NEWS



STANDBYS ARE FINALLY OVER FOR 2016!!!! One of the best reasons I can think of to be thankful for in November. Thank you to those who followed through and covered your one Lucas standby for the year.

November is the month that marks the beginning of the holiday season. Two holiday's coming up are **Veteran's Day and Thanksgiving**. I know deer rifle season is not a recognized holiday, but it should be for a few around here. I wish everyone safe and happy hunting.

Hickory and Osceola are working on the tagging system. It is a slow process as call volume has not been slowing down. Getting both stations done has required a lot of help from everyone and a few surprises that have crept up along the way.

Please remember to do your daily station duties. Wash the ambulance at the end of your shift and leave the station clean and ready for the relief crew. If you have time to watch tv, play on the computer, take a long day nap, read a book, then you have time to keep your trucks and station clean and ready for the crew when they come in the next morning.

I know there are bigger changes coming down the road for all of us, and I am still digesting my own feelings about the **CMH-Cox Merger**. Let's give this time and see what happens. Change is scary no matter who you are. I hope you will remain family and be supportive of each other during this time.

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

Schedule

**New Schedule Out:
Nov 4th**

**Request off: From Jan
1st thru June 30th**

**One Paramedic and 2
EMT's at a time**

**Remember: All request
off should be
submitted through
Kronos!!**

"I am taking request off for Jan 1, 2017 through June 30, 2017. "

Rob Hutson, NRP has been in EMS for the better part of his life and recently delivered his first baby on duty!! Read the story below! Congrats Rob and Jaymes!

I have been a Paramedic for almost 14 years and recently had a first in my career.

Jaymes Hall, EMT and I were returning from Bolivar after a call, when we were toned to 13 Hwy SB approximately 4-5 miles north of Osceola. Upon arrival, we found a female in deep labor in the front seat of a sedan. She was in significant pain, but reported her water had not broken. We moved her to the ambulance and did the basics before heading to CMH as quickly as possible.

Her labor continued with the contractions coming closer and closer together. Finally, her water broke and the birth appeared to be imminent. James was requested to pull over and come back to help. Just then, the baby's head crowned. Shortly after that, the baby was delivered. Believe it when they tell you these little guys are slippery! It was all I could do to hold him safely to clean him. Jaymes assisted as we cleaned and wrapped him after clamping and cutting the cord.

Baby's Father was following with his big brother in the family car. They were invited into the ambulance to meet their newest family member. After we got Mom and child wrapped and warm with a little blow-by oxygen, I was able to breathe and realize I just delivered my first baby in the back of an ambulance. The birth was at about 14:15 on 10/26/2016 on SB 13 Hwy about 6 miles North of Bolivar, MO. Mother and son were transported to the CMH Birthing Place and were doing awesome at the last check that evening.



LIFE & TIMES FROM THE BEAUTIFUL STOCKTON LAKE

So you ask yourself, “Self, what is going on in Cedar County these days?”

Well, let me tell you! “The Lake” season has come to an end, football season is over except for the playoffs, Winter is just around the corner as we get our trucks sealed and tagged, and now we are stocking the trucks with Heat Packs and Thermal Blankets in preparation for colder temps. Remember to get those patients covered up and off the cold ground or highway. Watch out for the deer as deer firearms season is coming. They will be moving more and more during the daylight hours, and not just at night. If you are not driving, you should be helping your partner keep an eye out for the 4 legged creatures. Drive Safely.

Notes from the Board: Well, we have turned in our 2017 wish list to the Cedar County Ambulance District board and now we will wait to see what they approve for **the upcoming year’s budget. We are looking at adding another ambulance to the fleet and retiring 712.** We have put in for some pediatric equipment and also looking at upgrading our living room furniture (replacing our recliners and couches with more heavy duty, larger ones). We hope by upgrading to them, it will help them last longer. Only time will tell. We are also looking at adding ice machines to both stations to help stock the coolers in the trucks during the hot summer months and standbys held in Cedar County. The Board has also decided to go forward with ServPro and have them come into Stockton to do some well overdo

cleaning of the heater vents, carpet, and some leaks in the ceiling. We are hoping this will help everyone. They did do an air quality test and it came back better than the air outside, which we are glad to hear.

Employees: Well, besides having some great **employees, we have been busy working some STEMI’s.** Great job to **Bill and Missi** for having the STEMI of the month in September! Now, we have **Rob and Cheryl** with impressive response in October. Keep up **the great work! Don’t forget to take the monitor in the house with you on ALL EMS calls we have to help us get the “patient contact to first 12 lead” down to below 10 minutes.** Cedar County is slowly decreasing their times, but we still have a long way to go.

Flu shots for Cedar County staff are available at the Stockton station. Stop by and get yours as soon as possible.

Well, thanks for all you do for CMH. Be safe out **there and watch your partner’s back.**

Tom Ryan, Paramedic
Operations Manager Cedar County
CMH EMS

Cedar County and CMH EMS Staff wish to offer our condolences to Morgan Young and family on the recent loss of his mother.

Brother, if there is anything we can do to help you during this difficult time, just let us know.



HEALTH AND SAFETY NEWS—BRICE FLYNN

As the leaves have changed during the month of October, we are reminded of the changes that nature goes through each year as growth and progression happens. Earlier this month, I was able to ride an amazing mountain biking trail called the Berryman and was able to enjoy some of the beauty of the Ozarks. Besides the efforts of pedaling my bike up hills, my efforts have mainly been focused on the ambulance stocking and tagging project. As we make changes on the ambulance stock lists, you may see this as an unnecessary process, but it is designed to improve checking your ambulance, record your ambulance check on a paper form, and allows accountability to ensure we provide the best care to our community by having our toolbox properly stocked for each patient we might encounter.

So that everyone is on the same page, I wanted to describe the actual daily process of checking your ambulance:

- 🔊 You and your partner are to check the ambulance together in order to fill out the paper ambulance check sheet at the beginning of every shift (a draft is viewable on the F:Drive).
 - 🔊 The ambulance check sheet shows what is to be checked; whether it be quantity of items, or being that a cabinet or bag is tagged.
- 🔊 The tag is to be only put on the cabinet if you have counted the stock of everything in that cabinet or bag in reference to the cabinet list on the cabinet or list found in each bag.
- 🔊 After that has been done, you are to write your DSN on the tag with a permanent marker to signify you checked the cabinet or bag contents.
 - 🔊 Having DSN numbers on the tags will allow us to reference the employee who last tagged the cabinet or bag and either had noted on a previous check sheet that the cabinet was deficient of supplies or not.
- 🔊 If you have a cabinet that was untagged at the beginning of your shift, then you should not log it on our check sheet as being tagged, but you will still be responsible for contents of that cabinet on your shift and should count the contents and tag the cabinet with your DSN.
- 🔊 You do not need to tag a cabinet every time you use it, but you are to tag it at the end of your shift so that the oncoming crew will know you accurately restocked the cabinet or bag you used.
- 🔊 If there is a shortage of the items in a cabinet or bag, please note it on the ambulance paper check sheet so that following crews know that a shortage exists and request the equipment missing so that it can be quickly ordered and replaced.

- 🔊 Besides soft supplies, you will notice that the paper check sheet has items underlined and italicized.
 - 🔊 These items are the electronic items that need to be checked and removed from the ambulance if it will be going in for a long service (as managers deem necessary) and when an ambulance comes back from service to ensure that those items are back on the ambulance.
 - 🔊 Several items have been left on scene or sent with patients from a scene with a flight crew, and not noticed until later; this paper check sheet will allow the tracking of missing items to be recovered more quickly.

Further Explanation:

1. Tagging a cabinet or bag physically shows that someone is accountable for and has ensured the contents of each cabinet and bag.
2. Broken tags remind everyone to recheck a cabinet or bag after using it at the end of your shift, because simple human forgetfulness can be helped by a physical reminder that you used something from a cabinet or bag.
3. Paper forms are physically in front of you and do not require a computer, that is often being used by the off going crew to finish a chart at the end of their shift.
4. Use the paper form to track how you actually find the ambulance you will be working in, do not think of it as "tattle-tailing", but as accurately documenting so that improvements may be made.
5. Check each ambulance completely during the first of the month drug check to bring each ambulance back to "baseline".
6. Improvements/suggestions to the stock lists will be made through a MIB** team/ committee in the near future so that changes that employees feel need to be made can be agreed upon. If you have any further questions about this process and/or want to be on the improvement committee, please feel free to contact me. ***Make It Better*

In other health and safety reminders; don't forget to get your flu shot, cover you cough, and wash your hands religiously to prevent the spread of colds among us.

Please continue to use the time and fitness equipment you are being allowed to use and please ask myself or any fitness coach for help if you have hit a road block in motivation. Take time to be outside and get some exercise during the wonderful weather that Missouri offers us in the fall.

Thank you for your time,
Brice Flynn
NRP, AAS, BA

EMS STEMI

STEMI Case Report – H1030730

10/16/16

Patient	Location	S/S Onset	911	FMC	FMC 2ECG	Scene Time	D2 Actv	CMH Arrival	ED DIDO	D2B	FMC2E	Ischemic Time	Dr.	Quality Measures
70 y/o	Stockton	23:20	1:00	1:02	6 min	12 min	- 10 min PTA	1:52	42 min	73 min	123 min	4 hr, 45 min	Shuaib	100%
M				CMH EMS	Goal <10	Goal <20	PRE-ACTV!		Goal <30	Goal <90	Goal <120	Goal <4 hr	Jones	ACC Recommendations Met

Narrative	Chief Complaint	Diagnosis	Outcome
Patient began experiencing symptoms after fishing all day. Friend drove him to Casey's in Stockton for help & to call 911. Upon ED arrival, patient intubated for respiratory distress.	Sudden onset of severe chest pain associated with diaphoresis & respiratory distress	New LBBB	100% prox LCx → DES; EF = 50-55% Discharged home two days later



EMS – **Hutson, Andrew** | ED – Dr. Jones, Miller, Lamb, Gordon | CCL = Dr. Shuaib, McClure, Richardson, Cantrell, Menard | ICU = (Admit) Bass, (D/C) Green/Cochran | CR = Bristow

FMC = First Medical Contact | D2B = Door to Balloon | FMC2B = FMC to Balloon | LCx = Left Circumflex Artery | DES = Drug-Eluting Stent | EF = Ejection Fraction



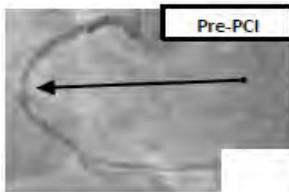
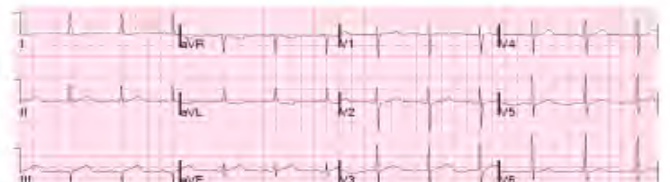
Quality Cardiac Care Recommendations		
ASA within 24 Hrs of Arrival	MET	324 mg PTA (EDP)
ASA @ D/C	MET	ASA 81 mg
Antiplatelet @ D/C	MET	Plavix
Beta Blocker @ D/C	MET	Metoprolol
Statin @ D/C	MET	Pravastatin
ACE-I / ARB for LVSD @ D/C	N/A	Lisinopril, EF = 50-55%
LV Evaluation @ D/C	MET	LV Gram
Smoking Cessation Advice	MET	YES
Cardiac Rehab Referral	MET	YES

STEMI Case Report – H1032074

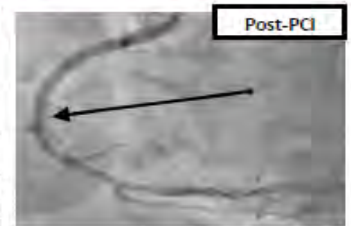
10/22/16

Patient	S/S Onset	911	FMC	FMC 2ECG	Scene Time	CMH Arrival	D2 Actv	ED DIDO	D2B	FMC2B	Ischemic Time for Patient	Dr.	Quality Measures
81 y/o	7:00	9:39	9:52	5 min	14 min	10:18	3 min	31 min	71 min	97 min	4 hr, 29 min	Shuaib	100%
F				CMH EMS	Goal <10	Goal <20	PRE-ACTV!	Goal <30	Goal <90	Goal <120	Goal <4 hr	Merk	ACC Recommendations Met

Narrative	Chief Complaint	Diagnosis	Outcome
911 called from home in Bolivar; EMS ECG transmission attempted, but failed	Sudden onset of severe chest pain with radiation into jaw & left arm, associated with shortness of breath	Inferior STEMI	99% mid RCA → DES, EF = 60% Discharged home the following day



EMS – **Krueger, Masters** | ED – Dr. Merk, Simrell, Pharney | CCL = Dr. Shuaib, Cantrell, Ornelas, McClure, Menard | Social Services = Cain | ICU = (Admit) Green/Cochran, (D/C) Christian | CR = Stockton
FMC = First Medical Contact | DIDO = Door In Door Out | FMC2B = FMC to Balloon
RCA = Right Coronary Artery | DES = Drug-Eluting Stent | EF = Ejection Fraction



Quality Cardiac Care Recommendations		
ASA within 24 Hrs of Arrival	MET	324 mg by EMS
ASA @ D/C	MET	ASA 81 mg
Antiplatelet @ D/C	MET	Plavix
Beta Blocker @ D/C	MET	Metoprolol
Statin @ D/C	MET	Simvastatin 40 mg
ACE-I / ARB for LVSD @ D/C	N/A	EF = 60%
LV Evaluation @ D/C	MET	Echo
Smoking Cessation Advice	N/A	N/A
Cardiac Rehab Referral	MET	YES