CMH EMS Newsletter

June 2017 Volume 3 Issue 10



The Memorial Day holiday is past us and our summer season has officially begun. We will see population rise in all our counties on the weekends. We can count on craziness and stupid human tricks. There will be several community gatherings and festivals now until September and we even have a few on into October. In St. Clair County, the Boy Scout Camp is in full swing until the end of August and has the biggest population in the county for the next 10 to 12 weeks. Of course, who can forget Lucas Oil Speedway and all their events? When you are at work, maintain situational awareness of what is going on in our service area.

We have just wound up another budget year. We have done very well, budget wise. This is always a challenge. We appreciate your help being good stewards of our budgeted money and equipment. We must take good care of our equipment and keep track of it. We always need to look for ways we can do our job with less expense. With the political climate in Washington, we really do not know what Healthcare is going to look like in the future. We must be ready to respond to the challenges.

I sat on the Capital Committee this year. It was a very interesting process and it helped me understand the many needs of the organization. It is a very interesting and challenging job (selecting the capital purchase for the hospital.) We have to consider equipment that is end of life, adding new services, equipment that offers providers a higher degree of safety, improving technology, physician requests, replacing aging equipment that may be able to be repurposed, and may more reasons. Being on the committee will help us in the coming years to make better decisions on what to request and how to write our justifications. We should know what capital was approved for the EMS department in the later part of June, after the CMH board of Directors approves the final FY 18 budget this month.

Emergency Management: CMS has issued new regulation that takes effect on 11/17/17. This is a big change and will affect all business units in our organization. Hospitals are being looked at as response agencies and Long Term care has to be able to support their residents for long term. Also, facilities that house patients or residents overnight <u>must</u> have an evacuation plan. The lessons learned from Hurricane Katrina and Super Storm Sandy have been put in regulation form. I will be involved in updating the plan and working through the changes. So, I will be very busy with Emergency Management for the foreseeable future.

I hope through this summer everyone spends time with their family, significant other, or just spends some time relaxing. Be sure you spend some time on YOU and take care of yourself. Do nothing or do what you really like to do. It will refresh you and better prepare you for the job we do. It is a fact that people that take regular breaks from work are more efficient, focused, and happier when at work.

Thank you for all you do and be safe. Neal T.

CMH EMS Mission Statement

To provide safe, exceptional, and compassionate care to our communities

with an emphasis on highly trained and empowered EMS staff.



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STAFF MEETINGS

- 🛿 6/6 @ 830 Hermitage
- 🕰 6/8 @ 830 Osceola
- 🖨 6/22 @ 830 Stockton

EDUCATIONAL OPPORTUNITIES CMH EDUCATION:

- 6/5 ACLS Initial
 830a-5p
- 6/6 ACLS Initial 830a-5p
- 6/14 PEARS
 830a—5p
- 6/22 PALS Initial 830am—5pm
- 6/23 PALS Initial 830am—5pm
- 6-27 ACLS Renewal 830am—5pm
 *To register, contact CMH Education Services at 328-6769

HEALTHEMS - TOM LIBERTY

Hope everyone had a safe holiday weekend and got to enjoy themselves with family. For those that worked, thank you.

We are testing an update of HealthEMS. We are about done testing this update and will roll it out to all the computers. It does have a few updates that make the mobile version look different in places. I plan on sending out an email with some screen shots so you can view the changes before we roll it out. Below is one of the changes to the look. It shows the date that is attached to the time. This will correct the rollover midnight problem we were having.

Service Date	Call #		Incident #	-		
Branch	Shift		1st Re	sponding Agency		Other Responding Agency
Hickory Co	🔪 🛛 🕈 🕹 🕹	iitage	•			
Call Times (24hr)		-		Default Time	Contact Time	*
Call Received		*	Pt Contact			
Dispatched		*	Left Scene			*
En Route	05/2	3/2017 1920:57	At Destination			<u>^</u>
On Scene		<u>^</u>	In Service			<u>^</u>
Mileage	14	<u>Vehicles</u>	Ye			Air Transport
Start		Vehicle Unit #	Medic 08		*	
On Scene		Other Vehicle 1				
At Dest	· ·	Other Vehicle 2				
	Loaded Mileage: 0	Other Vehicle 3]-]	
Crew Members		Scene	Driver Hospital	Documenter	Extra	Add More Crew
Holm, Peter)*]	0	0		0	
Liberty, Tom	<u> </u>		O.	6	0	

We are also looking at a different version of HealthEMS. It is different on documenting and how it is set up. The crew members that have looked at it the new version like some of the changes. Reports we have received are that it can speed up the time it takes to do a trip ticket. But remember, good documentation takes time to type. If we do make the change, it will be after August of this year.

Remember to document your calls well. The generated narrative is just the beginning of the documentation. After you generate it, <u>you need to fill in the blanks</u>, add information about what the patient or family has told you, how you treated the patient, any changes the patient had with the treatments, and if you had to give more treatments after the changes. If you do not generate a narrative by using a template, you need to type more information about the patient. That is not a bad thing, but it requires a little more typing on your part.

If you open a trip ticket by mistake and do not know how to delete, it please contact me and I will email you instructions so we can keep the tickets cleaned off of mobile and are not calling you asking why you still have a ticket in mobile.

Please take the time to read the e-mails and other information given to you about the radio system. It is becoming more **complicated on the programmer's end and we are trying not to make it harder on the crews. With that being said, with** improved reliability and coverage, the users have to have some complication. If you have any questions about the radios and how best to operate them with changing zones and channels or any other questions, you can email or call **Theron**, **Morgan, or myself.** We do our best to explain it to you.

Tom Liberty





EDUCATION/CLINICAL NEWS-THERON BECKER

We have been working diligently to improve our quality process in the EMS department. The purpose for all these quality meetings, chart reviews, and data graphs is to improve our patient care and make our communities more healthy and safe.

I **HIGHLY** encourage each of you to join us at our monthly quality meeting. The meeting announcement is emailed to all CMH EMS at least a week ahead with details of which charts we are going to review. Charts are selected for review if it is requested by one of our dispatch centers, first responder agencies, or the ER. If you were on the call for the chart being reviewed, it would be great to have you at the meeting. We review the call starting from listening to the 9-1-1 call recording, radio recordings, first responder documentation, EMS documentation, and end with ER and hospital admission documentation. The goal of the review is to identify systems and processes that could be improved. It is not a critique of individual decision-making or actions.

Another component of our quality process is data tracking and graphs. All of these graphs can be viewed by each of you (<u>F:\Depts\Pre-Hospital\Staff Meetings\monthly</u> <u>reports</u>). A few that I would like to highlight:

- 12-Lead Chest Pain: Graph 07B is the percent of chest discomfort patients that receive a 12-lead within ten minutes. Our stretch goal is 95%. We are currently at:
 - o 94% Stockton
 - o 91% Eldorado
 - o 88% Bolivar
 - o 83% Hermitage
 - o 72% Osceola
- 12-Lead Nausea: Graph 07F is the percent of nausea patients that receive a 12-lead. Our stretch goal is 50%. We are currently at:
 - 40% Eldorado
 - o 35% Bolivar
 - o 34% Osceola
 - o 26% Stockton
 - o 25% Hermitage
- Aspirin Chest Pain: Graph 07H is the percent of chest discomfort patients that receive aspirin. Our stretch goal is 70%. We are currently at:
 - o 79% Hermitage
 - o 57% Stockton
 - o 55% Bolivar
 - o 49% Osceola
 - o 42% Eldorado
- Glucose Stroke: Graph 10B is the percent of stroke patients that have blood glucose checked. Our stretch goal is 99%. We are currently at:
 - o 100% Bolivar
 - o 100% Hermitage
 - o 100% Stockton
 - o 60% Osceola
 - o 50% Eldorado

Theron Becker, MMPA, BS-FPE, NRP, EMS Clinical Chief Citizens Memorial Hospital & Emergency Medical Services

"All of these graphs can be viewed by each of you (F:\Depts\Pre-Hospital\Staff Meetings\monthly reports)."

In case you guys missed our article in the latest CMH Vitality Magazine. It features a patient whose life was saved by **Tyler Slothower** and **Cody Liccardi**. **Mike D'Agostino** and **Alex Doll** got to pose for the photo and be included in the article as well. The link to the official magazine article is

http://cit.flippublication.com/Issue/56C4D7FE-0183-EB0F-1BA9FF853147E29B/Summer2017/index.html#12



CONGRATULATIONS

YEARS OF CMH SERVICE

<u>27 Years!!!</u>

Steve Keller

11 Years

Goldie Masters

<u>4 Years</u>

Chris Mumm

Peter Holm

<u> 3 Years</u>

Jeff Beasley

Christina Roth

<u>1 Year</u>

Adam Stoddard

Ryan McDonald

Gregory Wood

<u>June Birthdays</u> Bill Walker 17th Dinshaw Silva 20th

HICKORY/ST. CLAIR COUNTY NEWS-ALICE ROBERTS

There have been lots of changes in the stations this past month. There are new personnel in both stations, along with change up of crew members. I have been extremely proud of the Osceola station for the continued support that has been shown to not only each other, but to the community. I am hearing some really great ideas on how to improve community perception of our EMS in St. Clair County. As of today, I believe we have gone over the 60 day mark without a single complaint. THANK YOU for helping improve how we are viewed in our St. Clair service area.

I have needed to change the staff meeting dates for June for both stations. We will be holding the staff meeting for **Hickory Co. on Tuesday, June 6th at 8:30** and at **Osceola on Thursday, June 8th, at 8:30**. We will be discussing and redistributing assigned station duties as some of you have doubled or tripled up while we were making staffing changes at both the stations. Those who do the medication and supplies orders will continue to do so as it takes time to have those job responsibilities reassigned through MedTech. So, please come to the staff meeting prepared to take on one of these jobs that are assigned out, and don't let your co-workers decide for you what your job will be if you choose not to attend the staff meeting.

There are a lot of PR opportunities coming up in the future for the Osceola station. The Boy Scout Camp has invited us to a cook out in June. Signup sheet is on the office door. More than likely, I will have already RSVP anyone signed up by the time the newsletter has come out.

<u>On a side note:</u> I am *strongly* encouraging crews work as a team. I don't expect just one crew member do all the daily station duties, morning truck checks, restock the truck after a call, etc. <u>This needs to be done as a team</u>. Too many things have been missed or overlooked lately. Make sure if you have used reusable supplies (i.e.: laryngoscope and blades) that the equipment is cleaned prior to restocking and tagging of the bag. Please don't be the crew that everyone hates to follow.

I am also seeing a slide back to the old ways where the trucks are being overstocked with supplies. We have par value numbers that we want to keep on the trucks to help with keeping supplies used or rotated prior to when they expire. Over stocking also causes us to have excess of supplies that are not used and may keep us over budgeted each month. I have no problem with being over budget if we are actually using and needing those supplies. I just **don't want to see waste.**

Cheyenne will be working on par value numbers for the Osceola supply room to keep on hand. Hopefully this will be done by July.

Schedule

New Schedule Out: June 3rd

Request off: Past Due (May 28th)

One Paramedic and 2 EMT's at a time

Remember: All request off should be submitted through Kronos!! **Mike D'Agostino** and **Tom Liberty** are looking into the CAD systems that both St. Clair and Hickory have to see if we can get away from keeping paper copies of our times and mileage. We would like to move forward with being able to import the CAD into our trip tickets like Polk County is currently doing. This will give us a better idea of what out shoot times are for the stations and where improvements need to be made.

I want to thank **Missi Painter, Peter Holm,** and **Carolyn Ream** for helping cover **Lucas'** shifts while he has been off work. I know there have been a lot of hours the three of you have covered. Could not have done it without you!!!

Also, I personally want to thank each of you at each station. The past month has been busy, and each of you have had good thoughts, ideas, etc. about making this a better place to work at and what was needed to be purchased to finish out the year. I am sorry we could not get everything on the list, but have it down to work on in the new fiscal year.

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

CMH EMS Newsletter

SPECIAL OPERATIONS—MORGAN YOUNG

Hello CMH EMS,

I am glad to be writing you this month. After graduating college, I have found myself with more time on my hands. I am ready to go diving and do all the other things at the lake. Until it really warms up, **Neal** has asked me to pursue some other projects.

I have been knee deep helping **Theron** and **Tom Liberty** with the digital radio project, specifically the Cedar Co radios. I believe that project is going well and I am excited about the Cedar County Sheriff's office also going digital. I am excited to see how this project keeps growing.

One of our next things to consider is our reporting of suspicious activity. Believe it or not, there is a nationwide initiative on reporting suspicious activity.

The NSI strategy is a multifaceted approach designed to increase the effectiveness of state, local, tribal, and territorial law enforcement and public safety professionals and other frontline partners in identifying, reporting, evaluating, and sharing pre-incident terrorism indicators to prevent acts of terrorism.

In the coming months, I am hoping to have a short Healthstream class for you to help explain this further so you can help our community even more.

The next project involves our response to disasters. We will work on getting everyone more familiar with the MCI trailer. We are thinking of static displays of the trailer at competencies along with our annual inventory of the MCI Trailer. If you wish to help with that inventory, get in contact with **Mike D'Agostino** or myself.

We also need to make sure everyone has completed their incident command training. Look at your job description. Does **Theron** have all of your certificates? Right now, we have about half compliance on Incident Command training. Make sure to look at your job requirements.

The first three classes are all online: IS-700,100 & 200. They even have slightly different flavors now including 200 for firefighters, healthcare workers (nurses), even public works employees.

There are many changes to how Medicare wants healthcare to perform emergency management. That is keeping **Neal** and others pretty busy. I am also trying to help them with these projects.

In all, with diving and diving classes coming up, I seem to have filled up my free time. In the meantime, be careful.

Morgan Young, B.S. EMT-P I/C EMS Special Operations Coordinator

Citation:

Online SAR Training for Law Enforcement and Hometown Security Partners. (n.d.). Retrieved May 23, 2017, from https:// nsi.ncirc.gov/training_online.aspx

.....

"We also need to make sure everyone has completed their incident command training. Look at your job description. Does Theron have all of your certificates? "





Thank you to everyone that came down for our EMS BBQ. Special thanks to Dawn Sloan for getting it going and putting in time and effort to get this done for us. Also, thanks to Neal for getting the grilling started that day. Even though the attendance was low, it was a good time.











Looks like someone is ready to run a call!!





Out with the old.....



And in with the new!!!! Great improvement for the Polk Station. Neal, Aaron, John F, and Chris model the new furniture! CMH EMS Newsletter

HELLO FROM SUNNY CEDAR COUNTY-TOM RYAN

Did you know????

EMS week was a result of a 1974 Presidential Declaration,

Celebrating the (then) new and fledgling field of EMS?

I would like to take this opportunity to thank all the men and women in our organization, for their exceptional service to our communities.

THANK YOU

So you're asking yourself, "Self, what is going on in beautiful Cedar County?" Well, let me tell you! Neal has left to go to ARV's factory to see the new rig (#711) which will be replacing 712. We really hate to see her go because she is still a good truck with lots of miles left on her. But, maybe you will see her going up and down the road. There are several agencies inquiring about buying her! Well, anyway the new truck should be here within the next week or two, then off to striping and then to fleet, so we should have it by July or Aug.

In other news, the Cedar Co Ambulance Board has moved forward in building a new station in Stockton! They have purchased the land and we have reviewed the first drawing for the new building, and sent it back for an update and changes. So, this is progressing well. They are hoping to break ground by September with estimated open date by Jan 01 2018.

Equipment: Well, the Pedi mates are on the trucks. The Misting Fan is in service as well! This will come in handy during those hot Summer PR events.

Competencies for Cedar have come and gone. I would personal like to thank Mike Minter for doing all the designing and power point building for the presentation. We were told to pick something high risk and low volume, so we picked drowning. Ironically, while this class was being taught, we had two boat accidents and one drowning in a matter of just a couple weeks. The holidays are upon us and we can expect more of these, but I would also like to say thanks for everyone that taught, instructed, or covered so crew members could help out.

Personnel: Don Stockton and Mike Minter have agreed to switch stations. Don will be working in El Dorado now and Mike in Stockton. This will help both of them be closer to their families and that is what CMH is all about-FAMILY and doing what is right for their people.

Well, I better stop. I know there is a lot I am leaving out, but I will get it next month.

Thanks again for all you do. Remember to watch your partners back, be safe, and report ANY suspicious activity.

Tom Ryan Ops Mgr Cedar Co.

POLK COUNTY NEWS - AARON WEAVER

I would like to thank everyone for the thoughts and concerns for my family. The funeral was a great service of celebration and all the food anyone could ever have wanted. Again, thank you.

We are now moving truck checks to the computer. We will not \Rightarrow We are also signing out for our radios. Complete the sign be killing trees as often now. Thank you Brice Flynn for taking care of Mother Earth. The link is located in the upper right corner of the computer screen, unless someone has moved it already by accident. It will take you to our Google checklist. After it is completed, I will receive an email at that time I can review in real time.

After reviewing every single paper checklist, I would like to point out some of the things we are missing on the checklists.

- Definition The truck number We need to know which truck you are in for the day.
- A The narcotics and RSI bag We need to get those checked and make sure they are on the truck. We do not need the tag numbers; just if they are there or not.

The new electronic sheet is very similar with the paper one, so it should be a snap for them to be completed. Thank you!

Chore list: I have noticed we are not getting the chores signed off as we do them. I would like to see the chore list with more initials on it. Take the time to get you chores done and if you are getting them done, take the time to get them signed off.

Some small changes that have happened here in Polk.

- \Rightarrow We are now keeping Accucheck testing solution in the kits that are already on our trucks. We are hoping if you find you are on a call and had not done the test, we will still be able to complete one before it's needed.
- in and out sheet when using a radio.

Thank you for your cooperation.

I would like to thank everyone that came down for our EMS BBQ. I would really like to thank **Dawn** for getting it going and putting in time and effort to get this done for us. I would also like to thank **Neal** for getting the grilling started that day. I enjoyed time with everyone and though the numbers were low, it was a good time.

Thank you all for everything you do. I feel like CMH EMS could stack up against any other service.... you guys rock at patient care and we do have really good survey scores. Those scores are located at the bottom of page 10 in this newsletter. Check them out! The management team is proud of every one of you for making this happen!

Until next month, be safe! Aaron Weaver, Paramedic **Operations Manager - Polk County** CMH EMS





Reminder: All staff are being asked to work at least 1 Lucas Oil event for the year. This is to help keep the events spread out among all employees. There are still a lot of events left to choose from.

- ⇒ 6/10: Lucas Oil Boats: John Shaver/OPEN BLS
- ⇒ 6/10: Lucas Oil Cars: Open ALS/Matt Damore
- ⇒ 6/11: Lucas Oil Boats TBA Morgan Young/Eric Childress
- ⇒ 6/17: Lucas Oil Memorial Cup OPEN ALS/Cheryl Andrew
- ⇒ 6/24: Lucas Oil Weekly Show #7 OPEN ALS/ OPEN BLS
- \Rightarrow 6/24: Lowry City Fireworks: TBA obtaining more information at this time.
- ⇒ 6/29: Lucas Oil Weekly Show #8 OPEN ALS/OPEN BLS
- ⇒ 7/1: HickCoMo Fireworks at the dam (1800 to ?) OPEN ALS/OPEN BLS
- ⇒ 7/04: Agape Rodeo/Fireworks: Cassandra Pruett/Lyman Taylor
- ⇒ 7/04: Stockton Fireworks OPEN ALS/Stormy Mixon (Contact Tom Ryan)



EMS STEMI

STEMI Case Report - H1071332

Patient	S/S Onset	FMC 2ECG	Scene Time	DIDO	CMH Arrival	D2 Actv	ED DIDO	CCL Time	D2B	FMC2B	Ischemic Time for Patient	Dr.	Quality Measures
71 y/o F	15:15	9 min	16 min	39 min	16:42	-22 min	BYPASS	20 min	26 min	92 min	1 hr, 53 min	Koshy	100%
Osceola Medical Center	CMH EMS	Goal <10 min	Goal <20 min	Goal <30 min	1	PRE- ACTV!	Goal <30		Goal <90	Goal <120	Goal <4 hr	Merk	ACC Recommendations Met

Narrative	Chief Complaint	Diagnosis	Outcome
Patient called 911 upon symptom onset while at church – but 911 relayed that there was not an ambulance available locally, so patient's daughter drove her to CMH Osceola Medical Center, who immediately called 911 upon patient presentation. STEMI care per protocol performed at clinic and en route by CMH EMS. Clinic ECG faxed to ED - STEMI Pre-Activation performed. Upon arrival, ED bypassed & patient went direct to CCL.	Sudden onset of 10/10 chest pain radiating into back, left arm, jaw; shortness of breath, pale, & diaphoretic.	Inferior STEMI	95% SVG-RCA → DES x2 EF = 50% Discharged home two days later.







ASA within 24 Hrs of Arrival	MET	324 mg by Clinic
ASA @ D/C	MET	ASA 325 mg
Antiplatelet @ D/C	MET	Plavix
Beta Blocker @ D/C	MET	Metoprolol
Statin @ D/C	MET	Atorvastatin
ACE-I / ARB for LVSD @ D/C	N/A	EF = 50%
LV Evaluation @ D/C	MET	LV Gram
Smoking Cessation Advice	N/A	Never smoker
Cardiac Rehab Referral	MET	Phase I CR



4/24/17

Clinic – Harris-Deaton NP | EMS – Robert Hutson, Tyler Slothower | ED – Dr. Merk, Abby Wine, Michael Lamb, Cynthia L Smith | CCL = Dr. Koshy, Mollie Taylor, Jason Hopkins, Bryan Inman, Dylan Mayhew | Social Services = Suzannah Phillips | ICU = (Admit) April Edgar, (D/C) Jonnie Harrell | CR = Karma Murr

STEMI Case Report - H1071389

Patient	S/S Onset	911	FMC 2ECG	Scene Time	CMH Arrival	D2 Actv	ED DIDO	CCL Time	D2B	FMC2B	Ischemic Time for Patient	Dr.	Quality Measures
86 y/o	4:00	7:35	6 min	17 min	8:57	-39 min	BYPASS	9 min	16 min	85 min	5 hr, 13 min	Best	100%
F	Osceola	CMH EMS	Goal <10 min	Goal <20 min	LifeFlight Eagle	PRE- ACTV!	Goal <30		Goal <90	Goal <120	Goal <4 hr		ACC Recommendations Met

Narrative	Chief Complaint	Diagnosis	Outcome
Patient called 911 after 3.5 hour onset when symptoms woke her from her sleep. EMS ECG transmission - STEMI Pre-Activation performed. CMH EMS met LifeFlight Eagle in Osceola. Upon arrival, ED bypassed & patient went direct to CCL.	Sudden onset of severe chest pain, pressure, & shortness of breath while sleeping.	Inferior STEMI	100% prox RCA → BMS x2, EF = 55% Discharged SNF two days later.
I IaVB Pre-PCI AVAbra Nasy pomere IV4	n fishih ber	monto	Post-PCI



ASA within 24 Hrs of Arrival	MET	324 mg by EMS
ASA @ D/C	MET	ASA 81 mg
Antiplatelet @ D/C	MET	Brilinta
Beta Blocker @ D/C	N/A	Contraindicated
Statin @ D/C	MET	Simvastatin
ACE-I / ARB for LVSD @ D/C	N/A	EF = 55%
LV Evaluation @ D/C	MET	LV Gram
Smoking Cessation Advice	N/A	Never smoker
Cardiac Rehab Referral	MET	Phase I CR

EMS – Robert Hutson, Tyler Slothower | LifeFlight Eagle | ED – Denise Rodriguez, Summer Hendrickson, Abby Wine | CCL = Dr. Best, Mollie Taylor, Jason Hopkins, Bryan Inman, Rob Richardson, Breanna Ledford | Social Services = Shawn Cook | ICU = (Admit) Jennifer Stevens, (D/C) Jonnie Harrell | CR = Krissy Stockton

4/23/17

EMS STEMI

STEMI Case Report - H1072823

CMH CCL 5/5 FMC D2 ED CCL Scene Patient 911 **D2Catheter** FMC2B Dr. Onset Ready Time DIDO 2ECG Arrival Actv Time Day 75 min 12:14 12:42 8 min 58 min Moore 67 y/o 8 min 10 min 11 min 27 min 32 min Prior Excluded from D28 CMH Goal Goal Intubated ime Goals Due to Need Goal <30 м Bolivar Goal <30 Goal <120 Prior to CCL EMS <10 min <20 min in ED

Narrative	Chief Complaint	Diagnosis	Outcome
Patient sought care for difficulty breathing at clinic day prior. ECG revealed an inferior STEMI. Despite medical advice & explanation of risks, patient refused treatment & signed out AMA. The following day, patient called 911 for severe respiratory distress. EMS ECG revealed STEMI. Upon ED arrival, patient was immediately intubated for respiratory extremis & repeat ECG revealed STEMI. STEMI activation performed	Chest pain; respiratory distress.	Inferior STEMI	Massive, acute MI due to very severe, left main equivalent 3-vessel CAD with severe LV dysfunction & mitral regurgitation, EF = 25%. Unable to place IABP for cardiogenic shock due to severe, calcific stenotic disease in iliacs/femorals – transferred to Mercy emergently for CABG consultation on 4/29/17. On 4/30, patient underwent emergent Impella placement, which functioned well for ventricular support, but renal failure continued to decline despite CVVH, significant limb ischemia resulted due to the prolonged need for vasopressors, and hepatic failure continued Patient was ruled as a poor candidate for surgical intervention due to critical condition & multiorgan failure. Patient remained anemic despite daily blood transfusions. Patient began demonstrating neurogenic agonal breathing, so in light of his biventricular failure, acute CHF pulmonary edema, severe ischemic Cardiomyopathy, hepatic dysfunction progressing into liw failure, renal failure, severe ischemic PAD, hypoxic respiratory failure, chronic GI bleeding, & chronic bleeding – family elected to withdraw care, and patient expired on 5/5/17.
STEMI activation performed.			29 - EMS - 2 nd STEMIECG
4/28 - Clinic - 1 ^{et} STEMI ECG - Left /			4/29 - ED - 3 rd STEMI ECG - STEMI Activation

Ornelas | Social Services = Sarah Lake | ICU = (Admit) Jennifer Stevens | EMS = Chris Nickos, John Smith

This is a snippet from NRC, the company that does our satisfaction survey.

Our Scores a very good and everyone has done a great job.

Highest Scores		NRC 75th Percentile*	NRC 90th Percentile	Current YTD	Prior Year	Qtr 2 2017‡	Qtr 1 2017‡	Qtr 4 2016
Did the ambulance staff treat you with courtesy and respect?		4	4	82.4%µ	93.5%	100.0%µ	81.3%µ	100.0%µ
Did the ambulance staff listen carefully to you?		÷	-	78.5%µ	93.5%	100.0%µ	75.0%p	100.0%µ
Did clerks and receptionists at this facility treat you with courtesy and respect?		4	-	88.0%	81.7%	100.0%µ	85.0%	\$1.3%
Were you comfortable talking with providers about your worries or concerns?	Emotional Support	SD.1%	84.3%	78.1% PR=52	76.6% PR=55	100.0%p	74.2%	79.1%
Before giving you any new medicine, did the staff tell you what the medicine was for?	Patient Safety	80.6%	84.3%	78,3%µ PR=63	77.3% PR=57	100.0%µ	77.3%µ	90.9%µ
Did you have confidence and trust in the ambulance staff treating you?		-	-4	78,5%µ	83.9%	100.0%µ	75.0%µ	85.0%µ
How often was your family or someone close to you allowed to be with you as much as you wanted?	Involvement of Family and Friends	88.4%	90,8%	90.8% PR=90	88.4% PR=75	100.0%µ	90.0%	93.7%
Were you comfortable talking with ambulance staff about your worries or concerns?		÷	÷	01.7%µ	92.3%µ	100.0%µ	90.9%p	100.0%µ
Did the ambulance staff explain things in a way you could understand?		+		76.5%µ	90.0%	100.0%µ	75.0%µ	94.7%µ

4/29/17

Training in the Region

Mercy Continuing Education Pediatric

June 12th

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630p-930p

1407 E St. Louis St, Springfield, MO

Ambulance Strike Team Leader/Medical Task Force Leader

June 27-28, 2017

Hilton Garden Inn, Springfield

This two-day class is designed to prepare ambulance/ medical providers with the information necessary to function as an Ambulance Strike Team/Medical Task Force leader in response to local, state, or national disasters.

Registration will be available through June 1.

Traffic Incident Management 4-hour session (which is POST Certified) and FREE

Time: Thursday June 15, 2017 from 12:30— 16:30

Location: Greene County Public Safety Center

Address: 330 West Scott St, Springfield, MO

Registration: <u>http://timtraining-springfield-jun15.eventbrite.com</u>

This training is being provided free of charge, however, agencies are responsible for all travel related expenses.

Child Abuse Mini-Conference

Catherine McAuley Conference Center

Tuesday, July 18, 2017

Register online:

https://www.mercy.net/springfield-talent-development



This class is one of the best hazmat classes I have ever been to (and I have been all over the country taking hazmat classes). It is coming to Bolivar and is free this September.

https://training.dps.mo.gov/sematraining.nsf/CourseOfferingWeb? OpenForm&parentunid=763033D8000770B2862580E50055D5CF

Hazmat IQ Training

Start Date:	09/16/2017							
End Date:	09/16/2017							
Hours:	8							
Time:	8:30am-5:30pm							
Facility:	City of Bolivar Public Safety Center							
Lodging:	None							
POST Hrs:	Legal studies:							
	Interpersonal perspectives:							
	Technical studies: 4							
	Skill Development: 4							
Sponsor(s):	Missouri Emergency Response Commission (MERC)							
Description:	This eight-hour training is presented by HazMat IQ, LLC. HazMat IQ is a patented HazMat/WMD response system formulated from years of HazMat emergency response experience.							
	This course describes a response tool that incorporates a series of easy-to-understand job aids called Smart Charts- an integral part of the Hazmat IQ system. These charts enable responders to handle an incident, based primarily on chemical names and associated chemical properties.							
	Topic covered include:							
	-20 Second Above the Line and Below the Line size-up -Chemical research in under two minutes -Selecting the correct meters -Choosing correct Mission Driven Personal Protective Equipment							
	Target Audience:							
	This course is recommended for response personnel with all levels of experience- especially those who desire a unique field chemistry refresher and an in-depth review of the National Institute for Occupational Safety and Health Guide							

https://www.citizensmemorial.com/1calendar/index.html

Community Training Calendar

EMS EDUCATION

Fall Semester 2017

EMT Academy

- Jul 1, 2017 Applications and application fees are due
- Sep 4, 2017 First day of EMT Academy
- Dec 20, 2017 Last day of EMT Academy

Paramedic Academy (Pending accreditation)

 Sep 5, 2017 - Planned first day. Stand by for more information as soon as the accreditation letter has been received.

Other Opportunities

- Jul 6 & 7, 2017 PreHospital Trauma Life Support
- Sep 9, 2017 AHA BLS CPR initial (EMT Academy students fill this class first)
- Sep 23, 2017 NIMS 100 & 700 (EMT Academy students fill this class first)
- Oct 5, 2017 Annual Clinical Education Specialist (FTO) class
- Oct 7, 2017 Annual Clinical Education Specialist (FTO) class
- Oct 9, 2017 Competencies (Sepsis)
- Oct 13, 2017 Competencies (Sepsis) at Hermitage Ambulance Station
- Oct 17, 2017 Competencies (Sepsis) at Eldorado Ambulance Station
- Oct 19, 2017 Competencies (Sepsis) at Osceola Ambulance Station
- Oct 28 & 29, 2017 PreHospital Trauma Life Support MENT (EMT Academy students fill) this class first)
- Dec 9, 2017 Emergency Vehicle Operator and Traffic Incident Management (EMT) Academy students fill this class first)

All courses require completion of a registration application. The link is at the bottom of this announcement. Unless otherwise specified, the deadline for all applications is two weeks prior to the start date of the course.

Follow our Facebook page (www.facebook.com/citizens.ems) for all our education announcements.

All course locations are CMH EMS Headquarters unless otherwise specified.

All CMH EMS classes offer CEU credit through the Missouri Bureau of EMS.

Trauma Life Support and Tactical classes are accredited through the National Association of EMTs.



For more information: theron.becker@citizensmemorial.com To register:

www.ozarksems.com/education-application.php







