

NOTES FROM NEAL

Fall has arrived. We are just a few days away from deer season. We usually are good for one or two hunting accidents of some type. Remember to wear your safety vests if you are going into the woods.

We have purchased a lot of equipment in the last 60 days. We have ordered two new ambulances. We have ordered and received three new LifePak-15's. That is a little over \$350K spent. We hope to be able to purchase several power cots this year also.

Looking at data, the managers concerns, and you voicing your concerns about keeping our community covered for 9-11 calls, we were able to get approval to deploy a BLS ambulance to help us with our call load. This ambulance is very important. It helps us keep ALS ambulances available to cover our communities. We have ordered a Ford Transit ambulance for the BLS shift. We are in the process of hiring more EMT-B's so we can extend the hours of BLS coverage. The BLS ambulance has been very successful. The EMT's that crew it work hard and make our service better.

I got some of my best experience running BLS calls. Running BLS helped prepare me to be a Paramedic and it has made me a better Paramedic. This is a very good way to hone your BLS skills. Yes, you do run a lot of non-emergency calls and take transfers. But the mission of the BLS ambulance is vital to what we do. As we become more accustomed to having a BLS ambulance on duty, I can see an expanded role and it to become an even more valuable resource.

Aaron and **Steve** challenged staff to jump in and help us with the BLS truck. We need help filling the BLS shifts when they are open. We have not been getting the help we need. I will also challenge you to step up and help. It can be either an EMT or Paramedic to fill the shift. You asked for the BLS shift because you saw a need. We need your help meeting this need. Are you a person of action that backs up what you say? Or are you a grumbler that continually complains and you do not follow through and are not willing to be a part of the solution? Please help!

We are approaching the holidays. It is getting to the time of year where we begin to work on budgets. If you have ideas or see needs, get with your base managers and let them know your thoughts. Send us emails and then follow up. That way we have it written down and we do not forget what we talked about. I know I have so much on my mind, I forget and do not get stuff written down. We cannot do everything but you help us move forward. I keep a list and realign it ever year.

Thank you for all you do,
Neal T.



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EDUCATIONAL OPPORTUNITIES

CMH EDUCATION:

- 11/02 PALS Renewal
830am—5pm
- 11/10 ACLS Renewal
830am—5pm
- 11/15 ECG & Pharmacology
830am—1230pm

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

CMH EMS MANDATORY CLASSES

PHTLS = NOV 25 & 26

TIMS = NOV 4

EVOS = NOV 4 & 5

[HTTP://OZARKSEMS.COM/](http://OZARKSEMS.COM/)

EDUCATION/CLINICAL - THERON BECKER

CMH EMS STEMI care

CMH EMS has been doing a fantastic job caring for STEMI patients. In fact, CMH's entire STEMI program is doing a fantastic job. In 2014, we started progress towards becoming an accredited STEMI center and took our average Door-To-Balloon (D2B) time from 102 minutes to 71 minutes. In 2017, CMH's average D2B time is 38 minutes!

You know what is even more fantastic than that? Below are the average D2B times based on where the patient was when the STEMI was identified (ranked from worst to best). Keep in mind, the goal is to be less than 90 minutes, so these are all good times. The data below was obtained from Jenna Hicks, CMH's STEMI coordinator.

- Mercy ambulance: 56 minutes.
- CMH emergency room: 52 minutes
- CMH ICU: 48 minutes
- CMH overall average: 38 minutes
- **CMH ambulance: 29 minutes.**

Yes, you read that correctly, if the STEMI was identified in the back of a CMH ambulance (or in someone's house in the care of a CMH ambulance crew), the D2B time was 21 MINUTES faster than the average of any other method of getting to the cath lab. Some more perspective is the overall average D2B in the United States is 143 minutes and if you look at just the top 25% best performing hospitals, the average D2B is 92 minutes (Antman & Smith, 2008).

Where do we go from here? Well, that answer is to keep making our processes and care better. Here are a few things we should still be working on to improve STEMI care:

- * **All STEMI patients must come through the ER.** Recently, a couple crews were advised to "bypass the ER" when they gave patient report. To hospital staff, this means the patient comes into the ER but stays on the EMS cot and is then taken to cath lab by EMS and one ER RN. Usually, the cardiologist is there to assess the patient and make the final determination they are ready to go to cath lab. It does not mean what EMS might think "bypass the ER means."
- * **Continue to get your 12-lead within 10 minutes of patient contact.** This often means getting an accurate timestamp of patient contact. Either utilize dispatch, a piece of tape on your leg, or turning on the Lifepak to record patient contact time.
- * **Transmit the 12-lead and quickly follow up with radio or phone call.** Once the 12-lead is sent, the ER and cath lab staff need voice communication from the paramedic indicating ETA and patient information. Remember, the radio channel "ER Reporting" should be available throughout all of Polk and Cedar Counties and it is encrypted so patient name and DOB is ok to tell the ER so they can pre-register the patient.
- * **Once contact is made with the ER, keep at least one radio on the "ER Reporting" channel until arrival at the ER.** This is best practice for all patients. If the ER needs to contact you again with questions or orders, this is the method they will use. If you do not answer, they have to call dispatch, dispatch contacts you to change channel, etc. wasting time. You should not have to worry about being diverted, it is actually against state statute for a hospital to divert an incoming ambulance after they have accepted a report [19 CSR 30-20.092 (12)(A)4].
- * **When you do the 12-lead, go ahead and take the patient's shirt off and get them in a gown.** Regardless if the 12-lead shows STEMI, the first thing that is going to happen when they get to the ER is to put a gown on them. Let's get that done before all the wires and IV's are in the way.
- * **Once a STEMI is identified, combo pads should be placed anterior and posterior.** All patients going to the cath lab will have combo pads in place before the procedure can begin.
- * **If you are close to the ER, it is better to spend some time in the field preparing the patient than delivering an unprepared patient to the ER.** Take some extra time on the scene if you are in Bolivar to work your way down the protocol. You can do more for a STEMI patient by yourself in the back of an ambulance to prepare them for the cath lab than the ER can. This much is proven by data above and is logical if you think about waiting for a room, waiting on orders from an MD, confusion, etc. that occurs at the ER.
- * **Be sure to document Aspirin administration even if it was given before your arrival.** If it was not given, be sure to give the full dose of 324 mg (have the patient chew but not swallow - ASA will absorb into the bloodstream faster through the mouth than the stomach).
- * **IV access should be at least a 18 ga in the LEFT AC.** Dr. Best prefers using the right wrist for his cath procedure, so left AC is the best place for an IV.
- * **Morphine continues to be the preferred analgesic if Nitro does not bring their pain to zero.** Fentanyl is a good drug for pre-hospital pain control but it does not dilate coronary arteries like Morphine does. So, first, use Nitro to eliminate their pain. Second, if their SBP is above 100, use Morphine in conjunction with Nitro. Finally, if the SBP continues to be below 100 after a fluid bolus or if they still have pain after Nitro and Morphine, go ahead and try some Fentanyl.

References:

- Antman, E. M., & Smith, S. C., Jr. (2008). ST-elevation myocardial infarction: The first 24 hours. *Cardiosource*.
- Hicks, J. (2017). Third quarter STEMI PI & patient safety review.
- Missouri Department of Health and Senior Services. (2013, December 31). Code of State Regulations.

Theron Becker, MMPA, BS-FPE, NRP

HICKORY/ST. CLAIR COUNTY NEWS—ALICE ROBERTS

A typical pitfall that many patient care specialists demonstrate is lack of professional customer service. While it may not be the customer service that we typically think of, our customer service skills directly influence the patient as well as ourselves. Our customers are the patients that we see day in and day out. They are the ones who expect a certain level from us, and we owe it to ourselves to give them the best service that we can provide.

Yes, we all get tired. We all work countless hours in a pay period, and typically we aren't even thanked for the service we provide, but unfortunately none of this comes into play. The reason you owe it to yourselves to strive to serve and provide an unprecedented service to our citizens is to allow us an easier patient to deal with. I've commonly heard and used a saying that "nice gets you nice, and mean gets you mean." I know for many years that I have always used this as an excuse to get upset and mean when a patient / customer continues being "difficult" or "enter expletive" here. But all that does is turn a high stress situation into a higher stressed environment, in which now your patient, who ideally just wants to be treated and to trust you, no is absolutely against you or anything you do for them from this point on.

Patient's don't wake up and say, "You know, today I feel like I am going to make Paramedic Mike's day just absolutely miserable." However, I KNOW for a fact that I have heard EMT/EMT-P state, "No one better screw with me today, I am not in the mood!!" OR "We better not run any B.S. lift assist calls today!!" If you have found, or continually find yourself making these comments please call your supervisor and go home. You aren't doing any honor to yourself or to the title that you have worked countless hours completing, and more importantly, you are providing a disservice to our customers.

The reason that we make our customers happy is that the patient is then happy, they will realize that even after your 4th IV attempt that you are just doing your best. Or if it is a behavior disorder patient, they will be more apt to talk to you if you aren't too busy judging them or being cruel. Remember that when someone calls 911, they, at that time, are having the worst day of their life. Every action you make, from the moment you arrive on scene should be based on making that patients situation better, which will then allow you to feel a great pride within your own self. This will assist in preventing burn out because while the patient may not thank you, you know that you made a difference. You listened when many wouldn't, you calmed when many just attempted to upset, and you cared for the customer, when many just want to transport.

Do not lose sight on the big picture. If you do something, ask yourself is it honorable to the patient/customer. Do not hide or try and dodge calls. View each call as a chance to make a positive impact on someone's life! A great customer service advocate passed away this month and he would constantly ask.... "What can you change?" He would follow it by answering "Anything you are big enough to change!" So how about it CMH EMS.... Are we big enough to change, and provide our customers with the best care that we can provide??

Alice Roberts EMT-P
Hickory-Osceola Ops. Manager



Schedule

New Schedule: Nov 26th to Jan. 6th

Availability Out by: November 3rd

Availability Due: November 10th

New Schedule Out: November 17th

Request off: Past Submission date for this schedule.

Spaces are filling up fast for the next schedule. Get your requests in a.s.a.p.

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

"Do not lose sight on the big picture. If you do something, ask yourself is it honorable to the patient/customer. Do not hide or try and dodge calls. View each call as a chance to make a positive impact on someone's life!"

HEALTH & SAFETY NEWS –BRICE FLYNN

Happy fall to you all! I hope you have all been able to enjoy the amazing temperatures of fall and a bonfire or two. Please don't forget about the time change on the morning of November 5th where you will be setting your clocks back an hour, or your phone will change for you. Also, the weekend of November 4-5 will be the TIMS and EVOS class. We will have several EMT students in there, but refer back to Theron's email to see if you need to take those classes this year. Several of us do.

Some simple safety reminders.

1. Secured your patient with all the cot straps. This includes the shoulder straps. Please checkout the X restraint straps on 701 & 711. They are a different design that is compliant with the new SAE J3027 standard for ambulance litter integrity, retention, and patient restraint. A few of us that have used them have found them to be easier to put on the patient, easier to work around, and more comfortable for the patient because there is no metal on their chest.
2. Secure yourself. Try to stay belted, I know that our current ambulance designs do not allow this all the time, but try to stay belted as much as possible.
3. Secure your monitor. Our ambulances do not have monitor mounts, but you do have a multitude of seatbelts. Secure your monitor so that the roughly 20 pound brick it is, will not hurt you or a patient in the event of a crash.
4. Bend at the hips not with your back. We have all heard that before, right? Yeah it's the one paragraph in our text books from EMT or paramedic class that was supposed to keep our backs safe. The reality is YOU need to look up how to do a Hip Hinge. Use the smart phone that is likely in your hand right now, or will be in the next five minutes, to look up how to do a hip hinge. There are some great tips for being aware of how your glutes and abs are related to keeping your back straight while still allowing you to lift. Please look into this on your own. Take ownership of your back health. You will find static (not moving) and dynamic (moving) exercises to help you improve your back strength, posture, and lifting technique. Share what you find with your partner and we might all just be a little safer out there.

Lastly, be thankful. I know this is the month we typically give thanks. Try to take time to think back on your year and give thanks for the ways you have grown. Hopefully you will be able to recall the patients that you really made a difference with or that really affected you in a positive way. We have all had rough calls this year, learn from them, and improve for the next critical call.

Brice Flynn
NRP, I/C, AAS, BA
Health and Safety Chief

POLK COUNTY NEWS AARON WEAVER

I will be gone for a couple of weeks in November. I will be available by texts, phone calls, and emails. Feel free to contact me if I am needed.

I would like to thank those who have picked up the open T shifts this schedule because it has helped a bunch.

We are working toward putting on a second BLS truck. I have been doing interviews. We had a good turn out at the hospital-wide hiring fair. Peer interviews were done and we are ready to fill the positions.

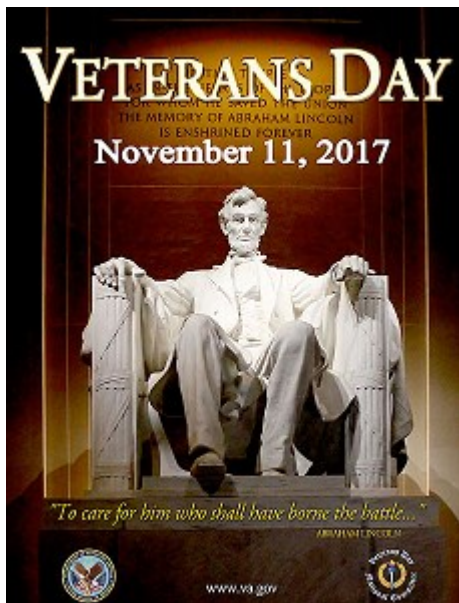
I still see trash and clutter around the station. **EVERYONE** needs to be picking up after themselves. Do your dishes, if the trash is full empty it, if the dirty linen container is full then empty them. [This is everyone's job.](#)

We have 24 hours to export charts. This is a policy. I believe they should be done by the end of your shift. I know not all can or will be though. This is a big part of your job responsibility. There is no reason that I should have to track you down to get it done. None.

We have been shutting a truck down here and there. I want to thank everyone on the other trucks for your good attitudes as you have been busier and getting off shift late. Thank you for all that everyone does.

And, thank you to the peer panel for the great job you guys did on the last round of interviews

Aaron Weaver, Paramedic
Operations Manager - Polk County
CMH EMS



Life and Times from the Beautiful Stockton Lake —Tom Ryan

Well summer is gone and winter is up on us. I just wanted to take to a moment to remind each and every one to take time now and to get ready for the cold weather that is moving into our area.

- ☛ IV warmers – Don't forget to plug them in and cover the fluids with a towel to be ready when you need the warm fluids.
- ☛ Heavy warm blankets - Stock up now! Does everyone remember last winter you couldn't find one if you needed one? (And yes, we needed them!)
- ☛ Pre-makeup winter bundle for your cot. Use a heavy blanket and lay it out on your cot. Roll it up and place it on your bench seat, so if you need one you have it ready to deploy on the cot. Why not make a couple of them?
- ☛ Review our Hypothermia Protocol now before you need it. Just remember to quickly get those patients who are laying on the ground up and place a blanket under them, even if you have to place a blanket on the backboard to start the warming procedure.
- ☛ Don't forget to protect yourself. Dress for the weather and bring additional clothes in case you get wet. You can always take extra clothes off, so dress warm, and don't forget your head cover too.
- ☛ Snow chains — Review this with your partner before you need to deploy them.
- ☛ Place a jug or two of kitty litter in your Ambulance. Sometimes that's all you need to get out of a slippery spot.
- ☛ Remember wind chill KILLS. Even the little things like pocket hand warmers can save you or your digits.
- ☛ Keep the heat up in the back! You might be dressed for the weather, but when you put that patient in the back and you start removing clothes, they will be cold really quickly.
- ☛ Linen (Blankets, Sheets, Pillows, etc.) Folks, these cost CMH mega bucks each year due to staff leaving them at patients' homes, at receiving hospitals, ect. Do your part and

Bring them home for the holidays!

The linens that is!

What's going on in Cedar County?

Staff: We are taking applications for a Full Time Medic slot in Cedar County. This will be to fill Don Stockton's position, and if and when Don comes back, he will get his position in El Dorado Springs back and this person will become a Full Time Cedar County Float until something opens up.

Cedar County Ambulance 711 is up and running. We hope we now have worked all the bugs out of it and pushing forward with it and the other three trucks. CMH has purchased 712 from CCAD and will be taking it over to Polk County at the end of the month. Then, fleet will do a once over, change the decals, and change the name from 712 to 707. We wish her the best and a long life in her new county! She has been a great truck for us and hopefully will be for Polk crews as well.

El Dorado Springs Police Department now has a digital radio and are monitoring our channel. So, if you're in the area and require assistance, they will be monitoring to render help.

Cedar County Board: Well, they are pushing forward with the new EMS Station in Stockton. They will have ground breaking ceremony on *Wednesday, Nov 01 at 14:00* located at their new location 319 West Englewood Drive in Stockton (located next door to the Stockton Senior Center, behind Hot Spot.) Everyone is welcome and encouraged to attend this ceremony to show your support to Cedar County.

Other business: They have also approved to purchase new furniture for El Dorado Springs station. Two recliners and a couch. Stockton will get their new furniture when they move into their new station. The Board also approved to purchase an ice machine for El Dorado station to help maintain the coolers in the trucks and for standbys. Stockton will get theirs when the new station is completed in 2018. They are telling me 6 months for construction, so were looking at April 2018 open house.

Remember: My door is always open. My house is usually (slightly) dirty with dog hair décor or 13 grandkids lol. Coffee is always on or can be on in minutes or iced tea. My sofa is a comfy place of peace and non-judgment. Anyone who needs to chat is welcome anytime. It's no good suffering in silence. I have food in the fridge, snacks in the cabinet, and a listening ear or shoulder to cry on. I will always be here... you are ALWAYS Welcome!!

P.S. I Will NEVER SHARE confidences!!!

Thanks
Tom Ryan
Ops Mgr
Cedar Co

“ My sofa is a comfy place of peace and non-judgment. Anyone who needs to chat is welcome anytime. It's no good suffering in silence. I have food in the fridge, snacks in the cabinet, and a listening ear or shoulder to cry on. I will always be here... you are ALWAYS Welcome!!”

Service Anniversaries, Birthdays, Recognition



Positive Comments

Pre-Hospital (Facebook comment) - "Pre-hospital, **Lyman and Tom**, in Stockton are awesome. We thought that our youngest grandbaby had swallowed a small toy and called for their assistance. After checking him out it was just phlegm on his vocal cords making him squeak and after his daddy gave him a breathing treatment he was so much better. Thank you guys, you kept everyone calm and reassured Dad that baby would be OK. Awesome job!"

CONGRATULATIONS

YEARS OF CMH SERVICE

32 Years

Chris Nickos

6 Years

**Amanda Dickover
Gregory Beydler**

5 Years

Brice Flynn

4 Years

**Mike Minter
Tom Ryan**

2 Years

Dawn Sloan

1 Year

John Wright

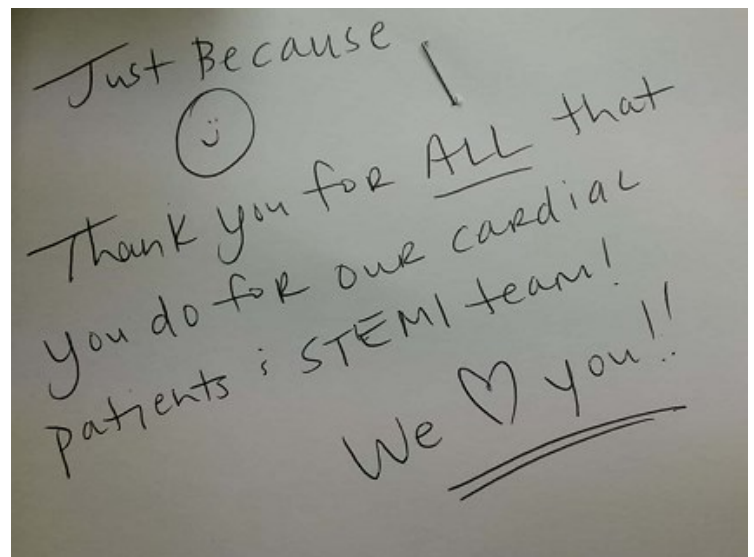
October Birthdays

Missi Painter 9th

Allison Young 25th

Emma Igo 27th

Matt Lee 29th



CMH EMS Staff in Action



SHS educates students about career options

By Robert Jackson

Students in grades 9-12 spent the afternoon Friday, Oct. 20, visiting classroom and outdoor stations across the entire Stockton High School campus learning about career options and opportunities on Career Day 2017.

Coordinated by Kevin Burns, school counselor, and Shelia Hobbs, 25 different career opportunities were presented to students by a professional representative from each field.

There were hands-on presentations, question-and-answer sessions, direct lectures and plenty of informational material.

Some presenters brought display items, and in some cases impressive vehicles such as modern ambulances

and military humvees. At least six of the presenters were graduates of Stockton High School.

Other presenters came from Kansas, Joplin and across southern Missouri. A classroom offered information about the teaching profession, but instead of a local teacher, two educators from Southwest Baptist University were invited.

The professions ranged from the military, with different branches given a chance to promote themselves, to motorcycle repair as well as welding. Other fields with representatives included banking, accounting, the technology field, culinary arts, criminal justice and law enforcement, firefighters, cosmetology, emergency medical/paramedics, pharmacists, health careers,

engineering, aviation, lawyers and engineering.

A small brochure given to students so they could easily find the presentation they were interested in, and the name of the presenters, with additional graphics was created by student Grace Hamilton.

Teachers sat in their rooms and listened as students interacted with the professionals, with loud bells ending each break-out session.

While the students moved around from class to class individually, and groups sought out their subjects of interest, school administrators sat back, watched and relaxed as they enjoyed a brief break from their normal Friday routines.



—Photos by Robert Jackson

Sgt. Justin Holmes, U.S. Army recruiter from Bolivar talks to students.



CMH paramedic Morgan Young talks from inside an ambulance.



Local Training Opportunities

We have some classes coming up for EMT Academy that our employees can get into as well to meet their requirements. If you are able to attend, please complete a registration form at <http://ozarksems.com/education-application.php>.

Please review the email from Theron to see if you are on the list that need to complete any of these REQUIRED classes for 2017.

Pre-Hospital Trauma Life Support [PHTLS] (Nov 25 & 26). PHTLS is 2-day.

Traffic Incident Management [TIMS] (Nov 4 and repeated Dec 9). TIMS is just 4-hour morning.

Emergency Vehicle Operator Safety [EVOS] (Nov 4 & 5 and repeated Dec 9 & 10). EVOS is 2-day (includes the TIMS).

Incident Command System [NIMS 100] & NIMS Intro [NIMS 700] (Dec 6). NIMS 100 and NIMS 700 are 1-hour each.

We have rescheduled the disaster exercise to be held on Thursday, November 2 in the morning.

This will be an organization-wide disaster exercise. Your department, facility, or clinic may participate. If you are at work, please follow your supervisor's instructions.

This exercise is an opportunity to help you to better understand your role in an emergency or disaster situation. The Hospital Command Center will be activated and will coordinate exercise activities. We will activate the IRIS alert system, which is the system CMH uses to alert employees of a large scale emergency or disaster.

If you receive a phone call, please follow the directions. The number may show up as *417-328-6600*.

This is an opportunity for all of us to practice taking care of patients, residents and our organization in an emergency or disaster situation.

Training in the Region

RHSOC Training & Exercise

- **UPCOMING TRAININGS:** register through training.dps.mo.gov; there is a maximum limit on students and some are full or almost full.
 - 10/24- Intelligence Liaison Officer (ILO)- Greene Co (Local Only)
 - 11/7-11/9- ICS 300 Intermediate ICS- Greene Co (Invitation Only)
 - 11/28-11/29- ICS 400 Advanced ICS- Greene Co (Invitation Only)
- These are only the trainings in Region D; a full list can be found at training.dps.mo.gov. Those trainings listed as Local Only do not provide lodging and reimbursement for meals/mileage. Those trainings listed as Invitation Only require an invitation from the host organization to enroll.

Traffic Incident Management 4-hour session (which is POST Certified) and it's **FREE**

Time: Thursday November 16, 2017 from 12:30–16:30

Location: Greene County Public Safety Center

Address: 330 West Scott St, Springfield, MO

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

Mid-America Symposium on Pediatric Emergency Care

November 16-17, 2017
Downstream Casino & Resort
Quapaw, Oklahoma

SAVE THE DATE

Two days of education on current pediatric emergency care jointly presented by



Registration available on
on Tuesday, September 26th
www.childrensmercy.org/professionaleducation
For questions contact Dave Seastrom,
[dwseastrom@cmh.edu](mailto:dwestrom@cmh.edu)

Mercy Continuing Education

November 13th

Artificial Ventilation & CPAP

December 11th

Medical Assessment

630p–930p

1407 E St. Louis St, Springfield, MO

CMH EMS STEMI

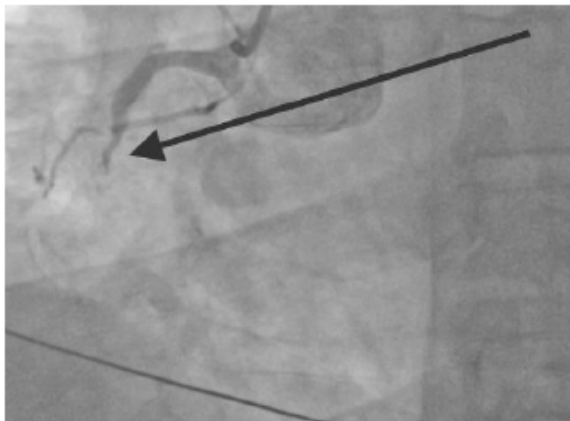
STEMI Case Report – H1111976 10/14/17

Patient	S/S Onset	911	FMC 2ECG	Scene Time	Transit Time	CMH Arrival	D2 Actv	ED DIDO	CCL Time	D2B	FMC2B	Dr.	Quality Measures
59 y/o	16:13	16:13	2 min	17 min	23 min	17:20	-31 min	5 min	14 min	19 min	59 min	Moore	N/A (Transfer)
M	Halfway	CMH EMS	Goal <10 min	Goal <20 min	Serial ECGs		Goal PRE-ACTV	Goal <30		Goal <90	Goal <120	Jones	

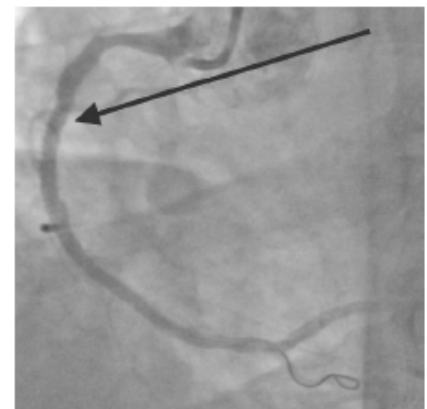
Narrative	Chief Complaint	Diagnosis	Outcome
911 called upon symptom onset. EMS ECG revealed STEMI. ECG transmitted & STEMI pre-activation performed per protocol. Serial ECGs obtained & transmitted en route.	Sudden onset of severe chest pain radiating into back & both arms associated with nausea & diaphoresis	Inferior STEMI	99% mid-RCA → DES, EF = 45%. Transferred afterward to Cox South for CABG consideration for critical left main stenosis – successful CABG x3 two days later.



Quality Cardiac Care Recommendations		
ASA within 24 Hrs of Arrival	MET	324mg by EMS
ASA @ D/C	N/A	Patient transferred to Cox for CABG
Antiplatelet @ D/C	N/A	
Beta Blocker @ D/C	N/A	Atorvastatin-already taking
Statin @ D/C	N/A	
ACE-I / ARB for LVSD @ D/C	N/A	EF = 45%
LV Evaluation @ D/C	MET	LV Gram
Smoking Cessation Advice	N/A	Former Smoker
Cardiac Rehab Referral	N/A	Patient transferred to Cox for CABG



EMS – Kellie Burns, Steven Keller
 ED – Dr. Jones, AJ Allison, Lou Hillman
 CCL = Dr. Moore, Rob Richardson,
 Dylan Mayhew, Kelly Ornelas
 Social Services = Suzannah Phillips
 ICU = (Admit) Jiwon Lee
 EMS – Dinshaw Silva, Kevin Schoen



Great Job!

Wowza! Fantastic teamwork & stellar times, CMH! Thank you for your dedication to excellent STEMI care!

Jenna Hicks, BS, BSN, RN






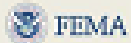


EMS EDUCATION

Fall Semester 2017

EMT Academy

Sep 6, 2017 8p-10p First day of EMT Academy
Dec 20, 2017 8p-10p Last day of EMT Academy

Other Opportunities

Jul 6 & 7, 2017	8a-5p	PreHospital Trauma Life Support (PHTLS)	
Sep 23, 2017	8a-3p	Basic Life Support CPR initial	
Oct 5, 2017	8a-5p	Annual Clinical Education Specialist (FTO)	
Oct 7, 2017	8a-5p	Annual Clinical Education Specialist (FTO)	
Oct 9, 2017	8p-10p	Competencies (Sepsis)	
Oct 13, 2017	8a-1p	Competencies (Sepsis) at Hermitage Ambulance Station	
Oct 17, 2017	6p-10p	Competencies (Sepsis) at Eldorado Ambulance Station	
Oct 19, 2017	9a-1p	Competencies (Sepsis) at Osceola Ambulance Station	
Oct 28 & 29, 2017	8a-5p	PreHospital Trauma Life Support (PHTLS)	
Nov 4, 2017	8a-12p	Traffic Incident Management (TIMS)	
Nov 4 & 5, 2017	1p-5p 8a-5p	Emergency Vehicle Operator Safety (EVOS)	
Dec 6, 2017	6p-10p	Intro to Incident Command System (NIMS 100) Intro to National Incident Management (NIMS 700)	
Dec 9, 2017	8a-12p	Traffic Incident Management (TIMS)	
Dec 9 & 10, 2017	1p-5p 8a-5p	Emergency Vehicle Operator Safety (EVOS)	

All courses require completion of a registration application. The link is at the bottom of this announcement. Application deadline is two weeks prior to the start date of the course.

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All course locations are CMH EMS Headquarters unless otherwise specified.
All CMH EMS classes offer CEU credit through the Missouri Bureau of EMS.

Prehospital Trauma Life Support (PHTLS) is the continuing education program developed by the Prehospital Trauma Life Support Committee of the National Association of Emergency Medical Technicians (NAEMT) in cooperation with the American College of Surgeons Committee on Trauma (ACS-COT).



To register:

www.ozarksems.com/education-application.php

For more information:
theron.becker@citizensmemorial.com

