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# Notes from the Director's Desk

I had a conversation with Bob Patterson, Director of EMS at Mercy. We talked about improving quality of care. We both agree that patient outcomes should drive what we do. If we look at what we can do to improve patient outcomes, we will serve the patient and community at a high level. As EMS moves forward, systems will be evaluated on patient outcomes. Protocols and patient treatments will come under even more scrutiny and will become more research-and scientifically-based. It will be a challenge, but improving outcomes is giving the patient the exceptional, compassionate care we strive to deliver.

I met with Mindy, who does most of our EMS coding, and she had several suggestions. A couple of those are:

- I. We need to be more specific of the locations of injuries.
  - a. An example would be a laceration above the eye: is it the eyelid, eyebrow, or forehead? She needs a specific location documented in the chart.
- II. Also, when we transport a patient back to a LTC from the ER, we need to make sure we document the specific diagnosis the patient is given from the ER.
  - a. Quite frequently, she sees "no medical problem" noted. She needs to know the injury or medical condition that brought them to the ER, and that should be the ER diagnosis you note in your chart.

If you do not have the current certifications and licenses, you cannot work. Paramedics are required to have a:

- ★ Valid Paramedic license.
- ★ Valid ACLS card.
- ★ Valid CPR card.
- ★ Valid Missouri Driver's License.

EMTs are required to have a:

- 🚑 Valid EMT license.
- 🚑 Valid CPR card.
- 🚑 Valid Missouri Driver's License.

On July 25<sup>th</sup>, CMH will begin replacing all the Cath. Lab equipment with new, updated, high speed equipment. It should take about 3 weeks. During that time, we will have a portable Cath. Lab in the north hospital parking lot. For those of you that remember, it will be where the CT/PET scanner parked which is outside the Community Room doors. Completion of the project is planned for around Aug. 12<sup>th</sup>. Be prepared to take STEMI's that bypass the ER to the Cath. Lab trailer in the parking lot.

The STEMI program will continue to be a focus point. Dr. Marmagkiolos will be leaving CMH. I have talked to Jenna Hicks and we have two Interventional Cardiologists contracted to fill in. There are several good Interventional Cardiologist prospects that our physician recruiter continues to pursue. The STEMI Center Review for a Level II is scheduled for Nov. 7 & 8. We have a good solid program that continues to improve and will continue to be a service that will expand. We are a big part of the successes of the STEMI program. You ROCK. We have a D2B time of 12 minutes.

To help decrease the D2B time, it helps the Cath. Lab if we have combo pads on the patient (anterior/posterior) and we have the patient shoes, sock, shirt, and pants off. Anything we can do en route with the time we have to get the patient ready for the Cath. Lab is a BIG help. Also, if you know that the Cath. Lab has been activated, please tell your patient "it looks like you are having a heart attack" and tell them in simple terms what to expect.

We continue to beat the bushes for Paramedics. We have hired 1 Paramedic full time and some FT EMTs. We hope to have the BLS truck up and going soon. We need everyone's help to keep trucks on the road. We continue to be short of staff. We will be interviewing more EMTs.

As we move into summer, be sure to keep water and ice in your ice chest in your truck for you, your first responders, and possibly for your patients. Pace yourself when possible and take breaks in the AC.

Be Safe,  
Neal

### Hickory County Chatter: Alice Roberts

What a surprising June we are leaving behind! Rain and warmer temps than usual. Fireworks are in the forecast along with hotter, and dryer days ahead. I am sure we will see some fantastic fireworks this year as we celebrate our Declaration of Independence. June 30<sup>th</sup> the races at Lucas Oil had fireworks after the races. The fireworks at the Pomme De Terre Dam are on July 2<sup>nd</sup>.

Declaration of Independence, on the other hand, does not mean we are independent of our job duties and responsibilities. All employees, whether they are full time, part time, or PRN, are responsible for the daily job duties at the beginning, during, or end of your shift. There may not always be that perfect day at work, but consistency in doing them is essential to making our service work like a well-oiled machine.

We have "the doers" and "the leavers" both in our service. What type of employee are you? What type of employee are you wanting to become: the doer or the leaver? At the beginning of your shift, are you checking your truck, restocking overlooked, or missing supplies OR are you the one that throws your things in the ambulance, walking off and sitting down inside, in hopes your partner will check it? Do you pass off important information to the next crew about missing supplies that need ordered or have been pulled off another truck OR are you the one that says nothing and leaving it by chance that the next crew will catch it? During your shift, are you restocking the ambulance after each call as soon as you make it back to the station, OR are leaving it until the end of your shift and then, leaving it for the oncoming crew to take care of? Are you filling your ambulance with fuel when you get  $\frac{3}{4}$  or below OR do you park your ambulance and leave it for the oncoming crew to refuel? At the end of your shift, are you washing the ambulance, cleaning and picking up around the station OR are you leaving this for the oncoming crew to do?

Team concept for us doesn't always refer only to patient care. It can even be with the simplest of things that were mentioned above. Making sure your station duties are done and taking care of your ambulance, not leaving for the next crew that comes in, can start their day off on the right foot and brighten their day in more ways than you could ever realize.

I know, I know! June call numbers and the heat have about killed us. Understandable! But, it only takes 21 consistent days to form a new habit. Which habit are you feeding: "the doer" or "the leaver?" I hope you want to be involved, be engaged, and want to be a part of an exceptional CMH team member.

Alice Roberts EMT-P  
Hickory County Station Manager

## Schedule Information!

Next Schedule will be from July 10<sup>th</sup> through August 20<sup>th</sup>

**PTO Requests August 21<sup>st</sup> to December 31<sup>st</sup>**

Following Schedule will be from: Aug 21<sup>st</sup> – Oct 1<sup>st</sup>

Request off Due: July 22<sup>nd</sup>

Please review the Google vacation schedule prior to submitting your request off!!

# Scheduling 101

Scheduling 101: Policy HR08-01 Attendance, Absenteeism, Tardiness

For complete policy go to Policy Stat

**POLICY:** The organization values the dependability of employees. Absenteeism and tardiness from the job weakens that dependability. Repeated absenteeism will be considered as a disinterest in employment and may be ground for dismissal.

**PURPOSE:** To maintain proper and sufficient staffing in order to provide consistent medical care and to assure that employees fulfill the obligation to their employer and co-workers.

**PROCEDURE:**

- A. An absence is defined as: the reason not be present at work during a scheduled shift.
- B. An employee finding it impossible to report for duty should notify his/her supervisor at least 2 hours in advance of his/her scheduled duty hours, if the impending absence is known.
- C. It is not acceptable to relay the absence message to another employee or have the message relayed by a person other than the employee.
- D. Employee absences will be reviewed and will be subject to disciplinary action up to and including dismissal.
  1. Employees who sustain three (3) or more separate periods of absence in the three (3) month period.
    - a. A period of absence is defined as: a time when one or more than one consecutive shifts are missed.
  2. Employees who do not report an absence properly.
  3. Employees who sustain three (3) or more tardies in a three (3) month period.
    - a. A tardy is defined as documented clock-in time after posted scheduled time.
- E. Full Time employees absent for three days without notifying their supervisor may be considered to have voluntarily terminated. Part time and PRN employees absent for two days without notifying the supervisor may be considered to have voluntarily terminated.
- F. An employee who is absent from work on his /her scheduled weekend may be expected to work an additional weekend at the discretion of the supervisor.
- G. **A physician's certification of illness may be requested by the supervisor, in consultation with the Human Resources Department, for verification of Illness.**
- H. Absences that fall within the guidelines of family and disability leave will not be subject to disciplinary review until the maximum utilization of those benefits have been accomplished. Refer to HR08-03.



### **St. Clair County/Osceola: Don Stockton**

Greetings from the sweltering depths of the northern territory! Summer is here and it brought with it the weekend crowds and Boy Scout volume we all know and love. Recent heat indices and advisories from the National Weather Service highlight the dangers inherent with summer heat. High temperatures and high humidity combine to create dangerous conditions outside, especially for those who have compromised health conditions and the elderly.

With that being said, we need to pay heed to those conditions as well, regardless of how young you might be or the number of push-ups you do every morning. **HYDRATE OR DIE!** It is dangerous to do the high stress, sudden bursts of exertion, etc. that we deal with every day, and the heat makes it even more dangerous. Drink lots of water and pay attention when that first responder tells you that you don't look good and asks if you are okay. Watching your back and your partners back is compounded even more if you are working in dangerous conditions.

You may have heard by now that several new hires are in the pipeline and will be joining our ranks soon. Whether it is a rookie or old guy, make that new team member feel welcome and be sure and tell them how thankful you are to be working at CMH EMS.

Be safe out there.

**HYDRATE OR DIE**

Don

### **Polk County News: Aaron Weaver**

I can't thank everyone enough for the hours they are putting in here at work to keep us up and running. There are so many people that have helped, I would probably forget someone, so I will just thank you all as a team. I would also like to thank the team members from other counties for coming to Polk and helping out. We greatly appreciate you all.

I am working on replacing equipment; out of date, looking nasty, falling apart, etc. I need your help! If you come across any piece of equipment meeting this description, please email and let me know. I also believe we have some equipment that could use a back-up. If you can think of any such equipment, please email me let me know so we can get it on the list. If we can, we are going to try to standardize all the equipment on the trucks. For example: All will have the same kind of safety vest or the same kind of traction splint.

Thank you to everyone that helped with the hiring fair by being part of the peer interview process. Your assistance really made things go more smoothly.

We are getting closer to rolling out the ambulance check list. Once we are ready, we will give you advanced notice so it is not just thrown out there without explanation. There will also be a policy that should be reviewed and it will guide you on our new system. The check lists are finished but we are waiting to get some stuff done to the ambulances so we can get the equipment tags in place. I would like to thank you for your patience with this process.

In case you missed it, we have been approved for a BLS truck four (4) days a week for 10 hours a day. It will be utilized to take the pressure off the ALS trucks in Polk County but we also foresee it helping out in other counties as well. Our hope is to have this up and running August 1st. We will keep you posted.

Aaron Weaver, Paramedic  
Operations Manager - Polk County  
CMH EMS

# Road Construction Updates



## Route 65 Resurfacing Work Underway for Benton, Hickory and Dallas County

Drivers can expect one-lane traffic on Route 65 between Fristoe in Benton County and Buffalo in Dallas County. Contractor crews will grind off the top layer of asphalt and replace it with new asphalt on a 34-mile section of Route 65. Crews also will seal the shoulders along Route 65. During the work, drivers can expect short-term delays and traffic stops on Route 65 where crews are working. There will be one-lane traffic where crews are working with flaggers directing drivers through the work zone. **Crews were to begin the project at Route 54 in Preston and proceed south toward Buffalo.** Once that section is completed, they will resurface the north end of Route 65 between Fristoe and Preston. Contractor crews expect to be completed by mid-July 2016. This project is scheduled to be completed by November 1, 2016.



## **Congratulations** **Total Years of CMH Service**

**8 years: Josh Ward**

**6 years: Sheila Day; Jennifer Smiley**

**4 years: James "Ryan" Carroll**

**1 year: Robert Hutson; Paul "Mike" D'Agostino**



## **Happy July Birthday!**

**Jason Stroud 1<sup>st</sup>**

**James Purselley 4<sup>th</sup>**

**Alice Roberts 5<sup>th</sup>**

**Charlie Wallen 8<sup>th</sup>**

**Bruce Fugate 11<sup>th</sup>**

**Cheryl Andrew 12<sup>th</sup>**

**Linda Kanzenbach 12<sup>th</sup>**

**Levi Crews 13<sup>th</sup>**

**Jaymes Hall 13<sup>th</sup>**

**Eric Childress 15<sup>th</sup>**

**Chris Nickos 20<sup>th</sup>**

**Tom Liberty 31<sup>st</sup>**

## Upcoming Events for July

|   |  |   |
|---|--|---|
| July 11 <sup>th</sup> 630pm   | Mercy EMS Education CEU Night                  | Mercy EMS HQ/Education 1407 E St. Louis, Spfd                 |
| <b>July 12<sup>th</sup> 630pm</b>   | <b>CMH EMS Competency (Sports Medicine)</b>    | <b>CMH EMS Ambulance Base Cedar Co - El Dorado Springs</b>    |
| July 13 <sup>th</sup> 830am-1230p   | Basic Arrhythmias                              | *CMH Education (417) 328-6769 for registration                |
| July 14 <sup>th</sup> 830a-5p   | PALS Renewal                                   | *CMH Education (417) 328-6769 for registration                |
| <b>July 18<sup>th</sup> 9am</b>   | <b>CMH EMS Competency (Sports Medicine)</b>    | <b>CMH EMS Ambulance Base Polk Co-CMH EMS HQ, Bolivar</b>     |
| <b>July 21<sup>st</sup> 9am</b>   | <b>CMH EMS Competency (Sports Medicine)</b>    | <b>Ellett Memorial Hospital Classroom, Appleton City</b>      |
| July 21 <sup>st</sup> 830am   | Cedar County Staff Meeting                     | CMH EMS Ambulance Base – Stockton, MO                         |
| July 26 <sup>th</sup> – 29 <sup>th</sup>  | EMS Missouri Conference                        | **Branson Convention Center, 200 Sycamore Street, Branson, MO |
| July 26 <sup>th</sup> 8a-530p   | Joint Public Safety Response to Active Shooter | **Branson Convention Center, 200 Sycamore Street, Branson, MO |
| July 27 <sup>th</sup> 830a-5p   | ACLS Renewal                                   | *CMH Education (417) 328-6769 for registration                |
| *CMH Education Services email: <a href="mailto:education.services@citizensmemorial.com">education.services@citizensmemorial.com</a>                       |  |   |
| **Registration is through CVENT <a href="http://www.memsa.org/conference-expo">www.memsa.org/conference-expo</a> For more info call (417) 861-1261        |  |   |
| Find additional training info at: <a href="http://www.citizensmemorial.com/1calendar/index.html">http://www.citizensmemorial.com/1calendar/index.html</a> |  |   |

### Education/Clinical: Theron Becker

We are very excited that we have so many new hires this month. Without looking at the list, I think we will have seven new hires in orientation when this newsletter will be released. Here is another personal thank you to our field training officers for working with these men and women to welcome them into our family.

Cody has been working hard on starting up our tactical training. Not only for CMH EMS but also Bolivar Police and Bolivar Fire. Bolivar Police have received training and Bolivar Fire will be getting theirs the first weekend of July. After those two foundation classes are finished, Cody and Tyler will be rolling out more advanced classes for EMS. These will not only help us save more lives and do our jobs better, but the work Cody has put in will turn into a revenue stream for our department to help us buy more equipment and gear. Thank you, Cody.

July competencies will be on sports medicine on the 12th (El Do), 18th (Bolivar), and 21st (Appleton). The instructors for this competency will be Morgan Simpson (athletic trainer and CMH Sports Medicine Center director) and Mike Wolhoy (head athletic trainer for SBU). We are looking forward to some good education about sports injuries and treatments.

I've been in Maryland in class for the past two weeks. The topic was Community Risk Reduction. There was some extensive pre-course work and a post-course applied research project where we were asked to identify a community risk and develop some strategies to reduce that risk. During the pre-course work, psychiatric emergencies were identified as the type of patient that causes the highest hourly demand on CMH ambulances. In 2015, on average, 6.4 hours of each day an ambulance is out of service due to psychiatric emergency requests. This represents 14% of our call volume where the national average is 9% of ambulance call volume. Additionally, we've seen a 70% increase in this type of call since 2011. My post-course work for the next six months is going to investigate community mental health, alternative transport methods, and alternative destinations for these patients.

Community risk reduction programs are a great marketing tool to make EMS more visible in the community and makes quality of life better for the communities we serve. Preventing illnesses and injuries is much more successful than responding to and treating these patients after they have called 9-1-1. I'd love to see our community prevention activities expand past the vials-for-life traditionally done by EMS. We've seen several stations and crews doing tours at the station or while on stand-bys which is a good first step. What about going to civic meetings or local fire/rescue meetings? Every now and then, we hear praise from crews taking the time after a lift-assist to check smoke detectors and fixing loose rugs, etc. Wouldn't it be cool if these kinds of "value added" services were the norm we always do? If you do participate in a community event or someone stops by the station for an ambulance tour, please complete a run report in HealthEMS with a run number with "no patient found" and a short description in the narrative.

Theron Becker  
EMS Clinical Officer



## Hello from Beautiful Sunny (HOT) Cedar County

I would like to start off with saying why, why, WHY is Summer here already? Where did Spring go? Seems just like yesterday we were enjoying the nice 60°-70° weather. Well, since Summer came in like a lion maybe it will go out like a lamb? Ha! I sure hope so.

**NATIONAL WEATHER SERVICE**  
NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION

HOME FORECAST PAST WEATHER WEATHER SAFETY INFORMATION CENTER NEWS SEARCH ABOUT

Heat Safety Heat Watch vs. Warning Heat Index During a Heat Wave Common Heat Related Illnesses

**Heat Related Deaths ARE Preventable LOOK BEFORE YOU LOCK**

The temperature in your car can quickly become deadly!

Outside Temperature: 80°

| Time Elapsed | Inside Temperature | Your Chance of Survival |
|--------------|--------------------|-------------------------|
| 10 minutes   | 88°                | Good                    |
| 20 minutes   | 96°                | Good                    |
| 30 minutes   | 104°               | Good                    |
| 40 minutes   | 112°               | Good                    |
| 50 minutes   | 114°               | Good                    |
| 1 hour       | 116°               | Good                    |
| 2 hours      | 122°               | Good                    |
| 3 hours      | 128°               | Good                    |
| 4 hours      | 134°               | Good                    |
| 5 hours      | 140°               | Good                    |
| 6 hours      | 146°               | Good                    |
| 7 hours      | 152°               | Good                    |
| 8 hours      | 158°               | Good                    |
| 9 hours      | 164°               | Good                    |
| 10 hours     | 170°               | Good                    |
| 11 hours     | 176°               | Good                    |
| 12 hours     | 182°               | Good                    |
| 13 hours     | 188°               | Good                    |
| 14 hours     | 194°               | Good                    |
| 15 hours     | 200°               | Good                    |
| 16 hours     | 206°               | Good                    |
| 17 hours     | 212°               | Good                    |
| 18 hours     | 218°               | Good                    |
| 19 hours     | 224°               | Good                    |
| 20 hours     | 230°               | Good                    |
| 21 hours     | 236°               | Good                    |
| 22 hours     | 242°               | Good                    |
| 23 hours     | 248°               | Good                    |
| 24 hours     | 254°               | Good                    |

weather.gov/heat nhtsa.gov

North American summers are hot; most summers see heat waves in one or more parts of the United States. Heat is one of the leading weather-related killers in the United States, resulting in hundreds of fatalities each year and even more heat-related illnesses.

This website is designed to inform you about the **health dangers of heat**, prepare you for excessive heat events, and tell you what to do during an **extreme heat wave**. This site includes **valuable information about the dangers of leaving children, pets or anyone with limited mobility alone in a car even for a few minutes in what might seem like mild weather**. Here you will find information about protecting yourself from the heat, **educational materials** and resources on how the National Weather Service keeps you aware of potentially dangerous situations. You will also find **games and activities to help educate your children** about the dangers of heat and links for more information. Read about real life **heat victims**. You can also see our **heat safety videos**. If you, or someone you know, have been a victim of excessive heat, please **share your story** so we can prevent others from becoming a heat victim. When you write, please note that NWS has permission to use your story and, if possible, let us know the town and state you were in and the year the event took place.

**Heat Safety Resources**

- Heat Safety
- Maximum Heat Index Forecast
- Children, Pets and Vehicles
- Heat Awareness Campaign
- Ultraviolet (UV) Safety
- Games and Activities for Kids
- Survivor Stories
- Education and Outreach
- Links, Partners

Please remember to hydrate yourself and your partner. Drink lots of WATER (not soda) and if you are out at the hospital, grab a bottle of water or two because you or your partner just might need it. Remember to check your stock of cool packs in your trucks. It really is not a good time to be running out of those! Also, don't forget to turn off your IV warmer because we really don't need it on when its 115° outside. If working a scene outside and it's a prolonged packaging and loading your patient, don't forget to maybe have first responders take a disposable blanket and make a sun shield with it. And, **please** get them off the HOT pavement A.S.A.P. Just try laying on cement or pavement on a day its 95° outside! I can guarantee, you will not lay there very long. Ok. That's enough about the weather. Keep Cool; Keep Hydrated; Keep Alive!

### Cedar County Board Update:

Well, at the last board meeting, they are looking for a board member to replace Don Fugate, who has stepped down due to health reasons. We wish him well. Don represented the east side of El Do. If anyone knows of someone that lives in that area, let them know the position is open and we need them. The board is still looking at putting in a water filter system in the El Dorado base, if they can locate the main water line that feeds the building. Many have searched but it seems no one can find it. We reviewed most recent equipment purchases by the board, and the HealthStreams assignment for the new Lucas II units should be assigned by now. EVERYONE has until end of July to complete these, but I encourage anyone that may be scheduled to work in Cedar County to jump on that assignment as soon as possible and get it completed. This is because once everyone is up to speed with these units, we can place them on the trucks. **(UPDATE: We are re-writing the Lucas HealthStream. Sorry for the delay.)**

### Personnel:

Would like everyone to welcome **Eric Childress** and **Cassandra Pruett** to Cedar County. Eric will be taking the position vacated by Amber Gust in El Do, and Cassandra will be taking Sheila Day's spot in Stockton **Andy McCaslin**, Paramedic, who will be PRN in Cedar County. Welcome to our TEAM!

Thanks for all you do,  
Tom Ryan  
Cedar County Manager

## Health & Fitness: Brice Flynn

July is here and so is my second child, Thea Evelyn Flynn. She was born on June 11<sup>th</sup> at 0420 with almost as much hair on her head a Doctor Vance! Thea, Momma, and big brother Isaac are doing great. I have really enjoyed my time at home.

For the past several months, you have been hearing about fitness equipment coming to each station. We have purchased the boards that will be mounted in each station to allow you to use fitness bands while on duty. The fitness bands will be a great starting piece of equipment to have in each station. Soon they will be installed in each station so that you can use them year round. The PT department has been bogged down due to low staffing, so helping us with education on how to use the fitness equipment has been put on the back burner. This is completely understandable, but I will begin looking into alternative means of education if the PT department is unable to work with us on this project.

You will be seeing a Healthstream coming your way on safe ambulance operations. Most of you know this information, but all of us could use some reminders on how to be more safe and annual driver training is a BEMS requirement. Review our driving policy, which can be found on Policy Stat on the CMH Intranet.

Another hot topic for the month of July is hydration. Please drink lots and lots of water. Most of us walk around dehydrated when we drink coffee, tea, and soda all day long and don't realize it until we are working out in the heat on an incident. Don't become a patient yourself, stay hydrated!

Here are some words of wisdom that I hope challenge you to pass on along your craft and learn from everyone in the craft.

*"Tell me and I forget, teach me and I may remember, involve me and I learn."* – Benjamin Franklin

Brice Flynn

## HealthEMS: Tom Liberty

Hello all!

I hope you are staying cool so far this summer. We have some things that will be changing with HealthEMS soon and the way we document. Those changes will come out with notice before the changes. I just have a few things to remind everyone of for this newsletter.

Remember you need to get your partner's real signature on the ticket. I know it says driver (and that may be changing) but even on the PRC's, **we need both crew members signatures**. Try to get a witness that is not a crew member to sign and document who they are in narrative.

Next is writing the narrative. When writing the narrative, paint a picture of the scene, what is going on with the patient, and why they are (or are not) going to the hospital or other facility with you. Even on our LDT's with BLS patients, your ticket should have enough information that a lawyer will not have to ask you any questions. I know I don't write the best tickets and need to improve mine also.

If you have any questions or problems with HealthEMS let me know.

Tom Liberty

## Special Operations: Morgan Young

Hello CMHEMS,

As I write this, I am preparing to complete my hazmat requirement for the year. I thought this would be a good time to remind everyone else that hazmat is only taught in the summer time and everyone has to take this class annually. As I look at the next four classes, I see that there is room for 100 people to take the class, and only 13 people are signed up for all four classes.

The next classes are **July 14th, July 28th, Aug 11th, and Aug 25th**. All of these classes start around 0900 am. I hope you can attend one of these classes. This class, along with all other Healthstreams, affects your merit increase in the fall.

Last month, I wrote about doing pre-planning during special event standbys. I asked each of you to look around, think about, and discuss with your partner what you would do if a major event happened at your standby. What would you do if there was a mass casualty event? These seem to be in the news more and more often. What other things could be done before an event happens to make those incidents easier? Challenge yourself to assess your surroundings while out in the community, whether it be on a standby or on personal time.

Be Careful,  
Morgan Young, A.A.S  
EMS Special Operations



# EMS STEMI Report

## STEMI Case Report – H1001026

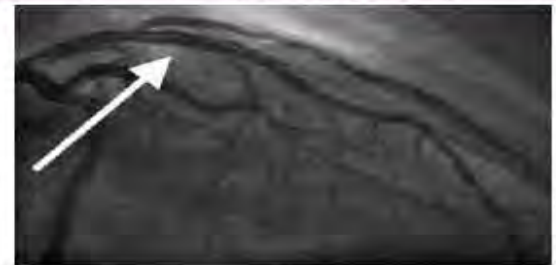
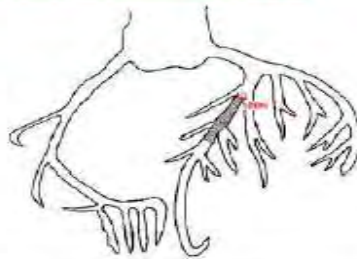
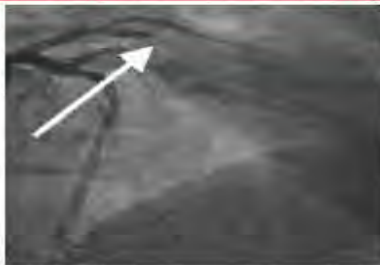
6/14/16

| Patient | Location           | S/S Onset | 911   | First Medical Contact | FMC 2 ECG | FMC 2 Flight | D2 Activation | FMC 2 CMH     | D2B      | FMC2B     | Ischemic Time for Patient | MDs      |
|---------|--------------------|-----------|-------|-----------------------|-----------|--------------|---------------|---------------|----------|-----------|---------------------------|----------|
| 67 y/o  | Lowry City         | 17:00     | 17:58 | 18:18                 | 3 min     | 52 min       | -65 min PTA   | 82 min        | 14 min   | 96 min    | 2 hr, 54 min              | Best     |
| M       | CMH EMS, Life Line |           |       | CMH EMS               | Goal <10  |              | PRE-ACTV!     | Direct to CCL | Goal <90 | Goal <120 | Goal <4 hr                | Smieshek |

| Narrative  | Chief Complaint  | Diagnosis          | Outcome   |
|--|--|--------------------|---|
| EMS to home – Mercy Life Line to CMH STEMI Pre-Activation; Bypassed ED – Direct to CCL | Severe chest pain with sudden onset; pale, cool, diaphoretic | Anteroseptal STEMI | 100% mid-LAD → DES, EF = 45%<br>D/C home 2 days later |

Pre-PCI

Post-PCI



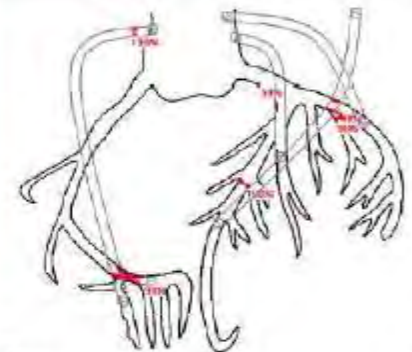
EMS – Don Stockton, Cheyenne Stone; Mercy Life Line; CMH = ED – BYPASSED, Dr. Smieshek; CCL = Dr. Best, Pat McClure, Mollie Bowden, Jeanne Menard, Rob Richardson, Daniel Ferguson; Social Services = Cindy Cain [KEY – LAD = Left Anterior Descending Artery | DES = Drug-Eluting Stent | EF = Ejection Fraction]

## STEMI Case Report – H1002022

6/20/16

| Patient | Location | S/S Onset | 911 Call | First Medical Contact | FMC 2 ECG | Scene Time | D2 Activation | CMH Arrival | D2B      | FMC2B     | Ischemic Time for Patient | Dr.          |
|---------|----------|-----------|----------|-----------------------|-----------|------------|---------------|-------------|----------|-----------|---------------------------|--------------|
| 77 y/o  | Urbana   | 00:00     | 7:09     | 7:24                  | 5 min     | 23 min     | -14 min PTA   | 8:20        | 24 min   | 80 min    | 8 hr, 44 min              | Marmagkiolis |
| M       |          |           |          |                       | Goal <10  | Goal <30   | PRE-ACTV!     |             | Goal <90 | Goal <120 | Goal <4 hr                | Smieshek     |

| Narrative  | Chief Complaint  | Diagnosis      | Outcome  |
|--|--|----------------|--|
| Recent & early discontinuation of DAPT 7 months after previous STEMI & PCI with DES. | Sudden onset of severe 8/10 chest pain beginning at midnight | Inferior STEMI | 99% late stent thrombosis of mid-RCA<br>→ PTCA, EF = 40% |



EMS – Peter Holm, Tom Liberty  
ED – BYPASSED, Dr. Smieshek  
CCL = Dr. Marmagkiolis, Kera Cantrell, Mollie Bowden, Daniel Ferguson, Jeanne Menard  
Social Services = Sarah Lake  
[KEY – FMC = First Medical Contact | FMC2B = FMC to Balloon | RCA = Right Coronary Artery | PTCA = Percutaneous Transluminal Coronary Angioplasty | EF = Ejection Fraction]

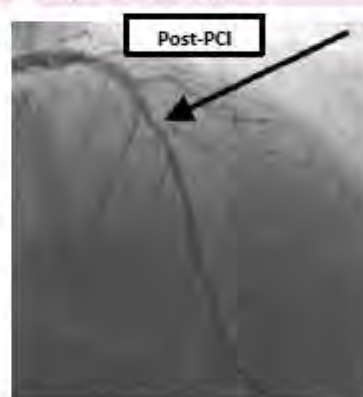
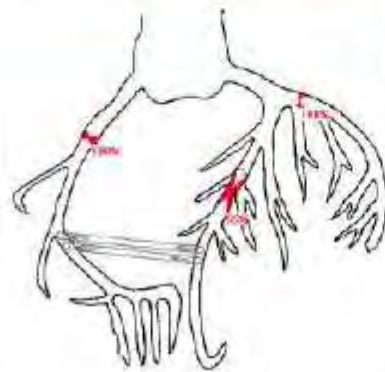
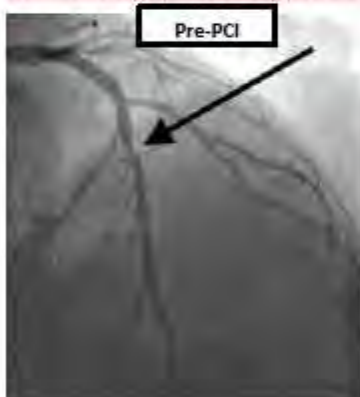
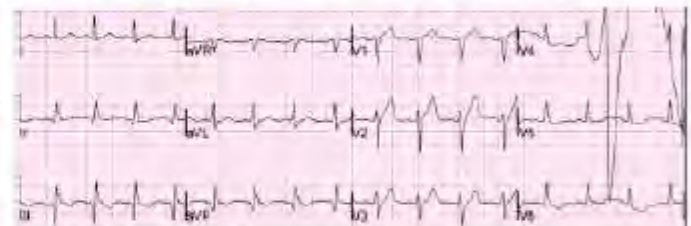


# STEMI Case Report – H1003089

6/24/16

| Patient | Location          | S/S Onset | 911  | FMC  | FMC 2ECG | Scene Time | D2 Actv      | CMH Arrival | ED DIDO  | D2B      | FMC2B     | Ischemic Time for Patient | Dr.          |
|---------|-------------------|-----------|------|------|----------|------------|--------------|-------------|----------|----------|-----------|---------------------------|--------------|
| 51 y/o  | El Dorado Springs | 4:45      | 5:00 | 5:07 | 12 min   | 16 min     | - 17 min PTA | 6:00        | 18 min   | 36 min   | 77 min    | 1 hr, 51 min              | Marmagkiolis |
| M       |                   |           |      |      | Goal <10 | Goal <30   | PRE-ACTV!    |             | Goal <30 | Goal <90 | Goal <120 | Goal <4 hr                | Merk         |

| Narrative  | Chief Complaint  | Diagnosis      | Outcome  |
|--|--|----------------|--|
| Patient with previous cardiac history; EMS ECG transmission performed; serial ECGs obtained en route | Sudden onset of severe 9/10 right-sided chest pain waking patient from sleep, radiating into right arm associated with shortness of breath & diaphoresis | Anterior STEMI | 95% mid-LAD → PTCA, EF = 35% severe multi-vessel CAD (CTO of LCx & RCA) Transfer to Cox South for CABGx3 |



EMS – William Walker, Charles Wallen | ED – Dr. Carter, Autumn Beall, Kaylee Christian, Peggy Smith | CCL = Dr. Marmagkiolis, Mollie Bowden, Pat McClure, Rob Richardson, Jeanne Menard | Social Services = Sarah Lake  
 [KEY – FMC = First Medical Contact | DIDO = Door In Door Out | FMC2B = FMC to Balloon | PTCA = Percutaneous Transluminal Coronary Angioplasty | CTO = Chronic Total Occlusion]

