Sierra - Sacramento Valley EMS Newsletter

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Inside this issue:

Critical Concepts of High Quality CPR	2
S-SV EMS Agency Outstanding Service Awards	2
STEMI System Information / Updates	3
Certification / Accreditation / Authorization Reminders	3
Trauma System Information / Updates	3
EMS Week 2012	4

Base Hospital Contact

(Summarized from an article by Jerry A. Alison, MD, MS, NR-P - EMSA Enforcement Division that appeared in the December EMSA Dispatch Newsletter)

Most EMS systems in the State, and throughout the country now function on standing orders. Paramedics do not regularly have to call the Base Station to "ask permission" except possibly for some high risk procedures and medications. For the most part, a paramedic can get by only contacting the base hospital to notify them of their impending arrival.

However, with responsibility comes accountability. As a medical advisor for the Authority I review many cases regarding paramedics whose treatment of their patients is in question. These situations include declaration of death, industrial accidents, inappropriate medication administration, failure to provide medication, and many other types of cases. Some of the patients died, some had long-term complications, and others had no adverse outcome. The paramedics involved faced disciplinary action from minor to severe including fines or revocation of their license. The common denominator in most of these cases was no Base Hospital contact--no call to a medical director to ask for advice, guidance, or help. There was no attempt to mitigate a bad situation or share the burden with the medical control physician.

While this may not have been explicitly required by the protocol, had the base station been contacted, the actions of the paramedic in most of these cases would not have been in question and there would not have been any disciplinary action. It is important to remember that, in disciplinary cases, the outcome of the patient has no bearing on the question of whether the paramedic followed the protocol. The question that will be asked is "did the paramedic follow the rules," or "was there gross negligence involved"?

So when is the appropriate time to contact the Base Hospital physician? When there is a patient that has an unusual presentation; when the impression is not clear or there are several similar "alternative" or "differential" diagnoses; when you are unable to follow the protocol for any reason; when you follow the protocol and the treatment is not effective; when you feel the protocol is not applicable to this particular situation; and any other time you feel the need to consult your Base Hospital Physician.

One of the most successful strategies that you can follow for success in your EMS system is to know and follow your local EMS Agency protocols, including when to make Base Hospital contact. Whether it is required or not, you should have a low threshold for making contact with your Base Hospital Physician to obtain advice or guidance for the care of your patient. If you made contact, even if there is an adverse outcome, it will be much less likely to have an adverse effect on your career as a paramedic. By making contact with your Base Hospital you are showing a sincere interest in doing what is right for the patient and in providing a collaborative approach to patient care.

Siskiyou County Profile

Siskiyou County is comprised of 6347 square miles of primarily rural and frontier areas located in the northern most part of California bordering the State of Oregon. The current population is approximately 45,000.

Siskiyou County became a member of the S-SV EMS Agency on July 1, 2010.

The following resources provide EMS care for the residents and visitors of Siskiyou County, including responding to 3000+ requests for emergency medical aid on an annual basis:

- 2 Acute Care Hospitals
- 3 BLS ground ambulance transport providers
- 2 LALS / ALS ground ambulance transport providers utilizing both Advanced EMT and paramedic personnel.
- 1 ALS ground ambulance service provider
- Multiple BLS first responder agencies

When you stop chest compressions, blood flow to the brain and heart stops.

Minimize interruptions in compressions. Attempt to limit all interruptions to less than 10 seconds.

Critical Concepts of High Quality CPR

The estimated incidence of EMS-treated out-of-hospital cardiac arrest in the US and Canada is about 50 to 55 / 100,000 persons / year and the vast majority of cardiac arrest victims are adults.

Approximately 25% of cardiac arrest victims present with pulseless ventricular arrhythmias. These patients have a substantially better outcome than those who present with asystole or PEA.

According to current literature, emergency systems that can effectively implement the chain of survival (recognition/ activation of EMS, early CPR, rapid defibrillation, effective ALS, integrated post-cardiac arrest care) can achieve witnessed VF cardiac arrest survival of almost 50%.

No procedure or device other than high quality CPR and early defibrillation have proven to improve long-term survival from prehospital cardiac arrest.

To stress the importance of high quality CPR for these patients, the AHA Emergency Cardiac Care 2010 Guidelines now recommend a 'Chest compressions, Airway, Breathing' (C-A-B) order of operations. The C-A-B method allows the responder to save time and provide blood flow to the brain and heart muscle quickly.

When you stop or administer ineffective chest compressions, blood flow to the brain and heart stops so remember the following critical concepts of high quality CPR:

DO

- Compress the chest hard and fast

- Allow complete chest recoil after each compression
- Minimize interruptions in compressions. Attempt to limit all interruptions (pulse check, defib, advanced airway, etc.) to less than 10 seconds
- If multiple rescuers are avaialble, rotate compressors about every 2 minutes to avoid fatigue

AVOID

- Excessive ventilation
- Prolonged rhythm analysis
- Frequent or inappropriate pulse checks
- Unnecessarily moving patient—Resuscitation should be completed on scene and the patient should normally be transported after ROSC when appropriate

S-SV EMS Outstanding Service Awards

The S-SV EMS Outstanding Service Awards recognize EMS dispatchers, first responders, EMRs, EMTs, paramedics, nurses, ED physicians, and EMS educators who have gone above and beyond the call of duty or had an outstanding field save. Congratulations to the following recipients of the quarterly S-SV EMS Outstanding Service Award:

- Jeffery Palmer, EMT (Foresthill FPD)

  For extraordinary actions on 09 September 2011 in providing medical assistance for an extended period of time to a trauma patient in a vehicle who had plunged approximately 500 feet down a cliff.

- Bill Grizzell, Paramedic; Doug Boan, Paramedic; and Eric Suarez, Paramedic (Penn Valley FPD)

  For lifesaving actions in assessing and treating a patient who presented with an unusual medical condition.

As a reminder, award nominations are now accepted on a year round basis. Nomination forms can be obtained from the S-SV EMS Agency website or by contacting our Rocklin office and requesting a form to be sent to you.

STEMI System Information / Updates

The current rate of EMS STEMI patient over and under activation in the S-SV EMS Region are consistent with and/or better than other comparable EMS systems.

- The current rate of EMS STEMI patient over activation (STEMI patients identified by EMS who were not ultimately diagnosed as a STEMI in the ED) is approximately 10%
- The current rate of EMS STEMI patient under activation (patients not identified as having a STEMI by EMS and subsequently diagnosed with STEMI in the ED) is approximately 5%

Overall the prehospital providers in the S-SV EMS region are doing a good job at identifying STEMI patients in the prehospital setting and ensuring that they are transported to the most appropriate receiving facility.

Please remember that prehospital 12-Lead EKGs should be transmitted on all known or suspected STEMI patients whenever possible. This includes 12-Lead EKGs that do not have a machine interpretation of ***Acute MI Suspected*** but are suspicious for STEMI after paramedic interpretation combined with the patient assessment.

All 12-Lead EKGs must contain a minimum of the patients last name and first initial for appropriate identification and tracking purposes. This information is required to be entered into the monitor prior to transmission or printing.

Certification / Accreditation / Authorization Reminders

As a reminder, all S-SV EMS issued certification / accreditation / authorization cards take 7—10 business days to process once all required documentation and fees are received. Please ensure that your completed application and any required supporting documentation is submitted to our agency in a timely manner to ensure that your current card does not lapse.

We no longer accept faxed copies of ANY cards (which include the following) because they come through too dark: driver's license/photo ID, CPR card, State licenses, NREMT card, S-SV cards, PALS OR PEPP cards.

You are welcome to e-mail (certification@ssvems.com) or mail us a copy of your cards to our Rocklin office. Please call us with any questions.

Trauma System Information / Updates

The newly formed S-SV EMS Regional Trauma QI Committee met for the first time in February. This committee will meet quarterly and is made up of representatives of the designated Trauma Centers in the S-SV EMS region.

The S-SV EMS Trauma QI Committee will be responsible for QI issues specifically related to Trauma patients throughout our EMS region.

As a reminder, S-SV EMS Trauma Triage Policy (Reference No. 860) states the following regarding destination of trauma patients who meet Anatomic or Physiologic Trauma Triage Criteria:

- If the time closest designated Trauma Center is a Level I or Level II Trauma Center, transport directly to the Level I or Level II Trauma Center.
- If the time closest designated trauma center is a Level III Trauma Center, contact the Level III Trauma Center for a destination decision.

The CDC has recently released their 2011 Trauma Triage Guidelines. There are minor changes to these guidelines which will be incorporated into the S-SV EMS Trauma Triage Policy in the near future.

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EMS Week 2012

National EMS Week 2012 will take place May 20 through May 26. The S-SV EMS Agency is planning on holding two separate EMS Week events this year as follows:

- May 22, 2012 - 9:00 am - 2:00 pm in Placer County
- May 23, 2012: 9:00 am - 2:00 pm in Shasta County

Both of these events are provided at no cost to attendees and will include continental breakfast and CE opportunities in the morning as well as lunch and awards presentation in the afternoon.

The details of these events are currently being finalized and will be communicated to all providers as appropriate.

Please contact the S-SV EMS Agency with any questions you may have regarding these events.

EMS MORE THAN A JOB. A CALLING.