
EMS NEWS

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Mountain-Valley EMS Agency

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FROM THE DESK OF THE **Medical Director**

Quality: My focus and theme for the 2008-09 year in the Mountain Valley EMS region.

Kevin Mackey, MD

For our patients, quality begins at the moment the 911 system is activated and continues through their care in the hospital. Each of us plays a role in quality. The dispatcher takes information rapidly and accurately, gives pre-arrival instructions and sends appropriate resources to the caller's aide. The first responder renders immediate care and stabilization within minutes of the call. The transporting provider brings a higher level of care and treatment. And finally the hospitals provide the highest care with technologically advanced diagnosis and treatment. Each step in this ladder, if you will, is an opportunity to afford the patient excellent, quality care. However, if we are honest with ourselves and look inward at our own shortcomings, we can all improve our quality, even a little, to make the next patient care experience better than the last.

As I have done in previous articles, I would like to highlight this excellent, quality care by sharing an exemplary call and judgment of one of our providers. Late in April, a 2 year old child was the unfortunate victim of a drive-by shooting. The paramedics, Jeff Costa (AMR Medic 27), Jessie Nicasio and Josh Hauselmann (both Modesto E-2), and EMT Cliff Travis (AMR Medic 27), arrived to find the child in the arms of the father with a single GSW to the abdomen.

The child had a depressed level of consciousness and ashen appearing skin.

Recognizing the need for a pediatric trauma center, they contacted the DCF, but found that there would be an extended time for a helicopter. In the mean time, they placed an IO, started a bolus of fluid, and administered high flow O₂. Because of the helicopter delay, they then made the decision, in the interest of patient care, to transport to Doctor's Medical Center.

The paramedics exercised outstanding judgment and quality care in all aspects of this call. The patient went to the OR and was later transported to a pediatric trauma center. The trauma surgeon at the pediatric trauma center made it a point to contact DMC trauma surgery to congratulate the medics as their decision saved that child's life. The medics acted professionally, quickly, with excellent quality, and documented everything thoroughly. Well Done!

In the 2008-09 year, you can look for 3 changes in my approach to quality. First, I plan to regularly recognize providers for excellence in patient care, such as the call noted above. In fact, Jeff, Jessie, Josh, and Cliff will soon be receiving my recognition in the form of a "Quality Certificate" and letter for their personnel file. The local QI groups in both the valley and the mountains are helping me recognize those that deserve such recognition. Secondly, I have committed to attending 6 QI meetings a year, 3 in the mountains, 3 in the valley, so that I can work with the quality groups on improving our care at all levels.

See Dr. Mackey, page 2

Dr. Mackey(from page 1)

We have recently undertaken revamping our quality indicators. Finally, I will be hosting a discussion and case review of calls on a bimonthly basis. Look for more information to come. These will be CE opportunities as well! I personally guarantee you will learn how to improve your own care out of these 1 hour sessions.

Quality, Quality, Quality! I hope we all make it our goal and ambition for the coming year! In the mean time, keep safe and stay focused on excellence in patient care!

New Faces at the EMS Agency



Pat Murphy is

We are pleased to announce that after about a two-year absence, Pat Murphy is back with Mountain-Valley EMS Agency. Many of you will remember Pat as the Amador – Calaveras – Stanislaus County Coordinator. He served briefly as a First Responding EMT and as Fire Chief at the Jackson Rancheria. Pat has accepted the position of Mariposa County Coordinator, working closely with the Mariposa County Health Department. His regular office hours are Tuesdays between 8 and 5 and can be reached at (209) 742-1367.

Governor Schwarzenegger Appoints Steven Tharratt Director of the Emergency Medical Services Authority

Governor Arnold Schwarzenegger today announced the appointment of Steven Tharratt as director of the Emergency Medical Services Authority.

"Steven has devoted his entire career to protecting public health and safety. He understands fully my dedication to ensuring California's emergency medical care system is prepared to take on any state emergency and provide immediate and quality care," Governor Schwarzenegger said. "Steven's experience in emergency services makes him the ideal fit for this position and I am certain he will serve the state and the people of California with the highest level of professionalism and expertise."

Since 2000, Tharratt has served at the University of California, Davis Medical Center as professor of medicine and anesthesiology and vice chief in the division of Pulmonary/Critical Care Medicine. Additionally, he has served as the medical director for the Sacramento County Emergency Medical Services and the Sacramento City and County Fire Departments since 1995. He has also been associate regional medical director for the California Poison Control System since 1989. From 2005 to 2007 and also from 2002 to 2003, Tharratt served as interim division chief of Pulmonary/Critical Care Medicine at the University of California, Davis School of Medicine. >From 2000 to 2004, he was the medical science advisor to the Governors Office of Emergency Services. From 1997 to 2005, Tharratt was the chief medical consultant for the California Emergency Medical Services Authority.

"I am honored Governor Schwarzenegger has chosen me for this position," Tharratt said. "I am thrilled to offer my services to the state so the people of California can be taken care of in the event of an emergency."

Tharratt, 49, of El Dorado Hills, received a Doctor of Medicine degree from the University of California, Los Angeles, a Master of Public Health degree from the University of California, Davis and a Bachelor of Science degree in biomedical sciences from the University of California, Riverside. This position does not require Senate confirmation and the compensation is \$200,000. Tharratt is a Republican.

The mission of the California Emergency Medical Services (EMS) Authority is to ensure quality patient care by administering an effective statewide system of coordinated emergency medical care, injury prevention, and disaster medical response. The EMS Authority is also responsible for leadership in developing and implementing EMS systems throughout California and setting standards for the training and scope of practice of various levels of EMS personnel.

Certification and Training

Cindy Murdaugh

Certification and Training Coordinator



2008 Training Calendar

We have recently added to our website an annual *Training Calendar*; this calendar will provide you with information on upcoming training opportunities. You can view the 2008 training calendar by visiting our website, www.mvemsa.com and selecting the training option location on our homepage. You will also find additional training opportunities under *Continuing Education & Conferences*. You can email me at cmurdaugh@mvemsa.com with information that you would like to see included on our Training page.

MCIs with Kids

By Doug Buchanan, Disaster Preparedness Coordinator

Two separate Multiple Casualty Incidents occurred within our member counties during the month of May, and both incidents involved school-age children. The first incident involved about forty sixth-grade students after two school buses collided on Highway 120 in Yosemite National Park. The second incident involved more than a dozen children, including three serious injuries, after a swing ride at the Calaveras County Fair collapsed at nearly full speed.

The After Action Reviews of both of these incidents reported impressive teamwork and organization skills of the responders. Additionally, the EMS system hospital network was used to rapidly assess hospital capability and disperse patients into neighboring counties.

Yosemite

The 120 Incident in Yosemite reported many positive aspects from their After Action Review, including:

- National Park Service personnel rapidly and effectively implemented ICS
- Mercy Ambulance, Tuolumne Ambulance, and NPS Ambulance personnel all responded rapidly to transport patients
- Triage and treatment conducted rapidly using triage tags
- Buses were used to transport most of the Minor victims

Calaveras

The Calaveras Fairground Incident After Action Review also reported many positive observations, including:

- Sheriff's Deputies provided very rapid and effective perimeter control
- Impressive interagency cooperation and professionalism
- Vests and triage tags were disseminated early and effectively
- Access and egress were managed well

Lessons Learned

In addition to the effective teamwork and ICS skills, the following lessons were learned from these events:

- Ingress and Egress routes need to be communicated early to all responders
- Treatment Area Managers and clearly separated Treatment Areas help to reduce unnecessary re-triage of patients
- When dealing with children, good documentation (name, age, destination, etc.) becomes even more critical
- More frequent updates to the Control Facility helps hospitals better prepare
- Establishing Staging Areas and Staging Managers help reduce congestion on scene

Overall, the responders in both the Yosemite 120 Incident and Calaveras Fairgrounds Incident deserve kudos for their outstanding organization and management of these events.

Well done!!



Marilyn Smith, Response and Transport Coordinator

The Mountain-Valley EMS Agency is once again soliciting nominations for EMS Personnel of the Year. This is an opportunity for pre-hospital personnel to recognize their peers for a job well done. Nominations will be accepted through August 31, 2008, in the following categories: Dispatcher, First Responder, EMT-I, EMT-Paramedic, MICN, ED Physician, EMS Educator and EMS Administrator.

At the October 2008, Mountain-Valley EMS Agency Board of Directors meeting the Board will recognize each of the award winners. Please complete a nomination form and include a letter of recommendation when nominating your peer.

NOMINATION FOR EMS PERSON OF THE YEAR AWARD

Nominations are due in the EMS office by Sunday, August 31, 2008!

Nominee: _____ Rank/Position/Title: _____

Agency Affiliation: _____ Nominated for: _____ of the Year.

I hereby nominate the individual named above for the award indicated. Documentation of the basis for this nomination is attached in accordance with the requirements of this program. I certify that this information is true and correct to the best of my knowledge, and is provided based upon information personally known to me.

Nominated by: _____ Relationship to Nominee: _____

Address: _____

Phone # _____ Signature: _____

All nominations must be submitted by August 31, 2008, to the Mountain-Valley EMS Agency at 1101 Standiford Ave., Suite D-1, Modesto, CA 95350 or by fax to 209-529-1496.

Sign up For Mailing Lists

Stay connected to what's going on throughout the EMS system by subscribing to one or more of the EMS electronic mailing lists. You can sign up to receive meeting agendas and/or policies out for review. Visit our email lists page at: <http://lists.mvemsa.com>



Dispatch News

*Kevin Pagenkop, Training Coordinator
American Medical Response (AMR)
LIFECOM, Modesto*

The National Academy of Emergency Dispatch (NAED) held its annual Emergency Tele-Communicator's Conference, called 'Navigator', last month. Navigator is a week of seminars and training workshops facilitated by some of the best Law, Fire, and Medical instructors from around the country. While the Conference's course list offers classes from technical dispatching techniques, to better ways to facilitate responder safety, to morale and leadership training, it is also an amazing way to meet other Emergency Tele-Communicators and exchange ideas and materials. It's amazing to meet a dispatcher from Saskatchewan Canada that works for the Royal Canadian Mounted Police and hear that they face the same challenges there that we do here in Central California.

This year's Navigator Conference was held in Baltimore and attending from LIFECOM was Director Jared Bagwell, Quality Assurance/Quality Improvement Coordinator Tom Morton, and Training Coordinator Kevin Pagenkop, all three, members of LIFECOM's CQI Program. While the classes and seminars they attended were valuable to all in attendance, they were more so to LIFECOM as they are currently in the middle of their re-accreditation with the NAED. Focusing on the day to day operations of a dispatch center, it can be easy for the staff to take this accreditation status for granted, but of the thousands of different dispatch centers worldwide, barely a little more than over 100 have received ACE Status. This conference was an opportunity for LIFECOM to remind themselves how far they have come and the importance of maintaining that high level of performance. Navigator Conferences are an exciting opportunity to be in a positive environment, surrounded by professionals and other dispatchers that truly love what they do.

Boards and Committees

Tina Casias, Executive Secretary

We have several vacancies on our Regional Advisory Committee (RAC). There are 4 in Alpine County, 2 in Stanislaus County, 1 in Calaveras County, and 1 in Mariposa County. If you are interested, or know of someone who might be interested in serving on this important committee, please contact the Clerk of the Board in one of the above Counties to request an application.

Now back in Salida, Jared, Tom, and Kevin are busy implementing that which they've learned and brought back with them. Each seminar and workshop was taped and these audio training sessions can then be passed on to the staff through CQI Meetings and Training Workshops. As LIFECOM continues to grow, so does their CQI Program. Opportunities like the NAED Navigator Conference are only one of several QA/QI and Training events that are so essential to this growth. As they apply what they've learned to help with their lengthy re-accreditation process, they are also setting their sights on next year's Navigator and plan on sending more of their staff to future conferences. In addition to the instruction that they will receive, it is also a great (and essential) opportunity to "re-charge" and "re-energize", and realize how exciting it is to be an Emergency Tele-Communicator-- a job where each employee is capable of positively touching the lives of the thousands of people that call them each day for assistance.



Policy and Procedures

Jim Worobe
Deputy Director

As most of you are aware, we have compiled selected policies into a Field Treatment Handbook. We have made some updates to the handbook and have published the changes on our website. We will continue to update the information as policies are updated. You can find the link to the update page on the Home Page, in the ALS Protocols Page, and in the EMS Policies page on our website - <http://www.MVEMSA.com>

Please, if you are one of our ever diligent Paramedics or EMTs and discover something we should know, let us know so we can address it promptly.



ERROR ON PAGE
POLICY NOT INCLUDED IN HANDBOOK

DATE IDENTIFIED	POLICY	CORRECTION OR REVISION
March 12, 2008	570.21 DO NOT RESUSCITATE ORDERS	Policy not included in Handbook. Contact the Agency to request copy to be inserted in Handbook
March 12, 2008	555.15 TACHYCARDIA WITH PULSES-PEDIATRIC	<u>Standing Orders</u> Supraventricular Tachycardia (SVT) Heart Rate Greater than 220 BPM for ages 2 and under
March 12, 2008	555.55 PEDIATRIC ORGANOPHOSPHATE POISONING	<u>Standing Orders</u> Atropine: 0.05mg/kg IV/IO/ET/IM . Repeat every 3 minutes as needed to control secretions, bronchorrhea and dysrhythmias.
February 27, 2008	555.41 PEDIATRIC NON-TRAUMATIC SHOCK	<u>Standing Orders</u> Glucagon – 0.05 mg/kg IM if blood glucose is less than 75 mg/dl and no IV/IO access immediately available. May repeat once. Recheck blood glucose in 5 minutes.
January 2008	555.88 PEDIATRIC MEDICATION CHART	This policy was revised January 2008 A two page sticker has been printed to be applied to the Field Treatment Handbook. You will need to contact the Agency to request your stickers.

Trauma and Quality Improvement

Richard Murdock, Field Liaison and QI Coordinator

Focus Indicators have been selected by Dr. Mackey and the Local QI committees. The purpose of selecting focus indicators is to examine protocol compliance and system issues. Two to four indicators are recommended by State EMS Authority.

Each QI group provides a monthly report of provider activities to the local QI committee. On an annual basis – each QI group, within our 5 counties, provides a year-end summary at the QLC meeting, which is held at a central location.

Our new focus indicators:

1. Intraosseous Access
 - a. Appropriate age?
 - b. Placement
 - c. Attempts
 - d. Aspiration or flush
 - e. Infusion of Lido if GCS is greater than 3
 - f. Documentation of secure IO

2. Cardiac Arrest
 - a. Age
 - b. Presenting rhythm
 - c. Down time Documented
 - d. CPR prior to Arrival – Was shock delivered?
 - e. Medications used?
 - f. Co-morbidity

3. All pt's intubated with GCS higher than 3
 - a. Initial Oxygen saturation
 - b. Initial Resp. Rate
 - c. GCS
 - d. Pre-Intubation treatment



May is National Stroke Awareness Month

Breanna Garrison, MSN, RN
Stroke Coordinator
Doctors Medical Center

The goal of this recognition is to raise knowledge about stroke risk factors, prevention, symptom recognition, and acting **F.A.S.T.** to minimize stroke damage. Brain cells are lost every second during a stroke, so the public must know to act **F.A.S.T.**

FACE Does one side of the face droop when the person smiles?

ARMS Does one arm drift downward when both arms are raised?

SPEECH Is a simple sentence repeated incorrectly? Are the words slurred?

TIME If any of the above answers are yes, time is of the essence. Even if the symptoms go away, it is important to get treatment. Call 911 or get to the hospital FAST.

In the United States stroke is the third leading cause of death, and a leading cause of long-term disability. Approximately 780,000 people experience a new or recurrent stroke each year. About 600,000 of these are first attacks. Stroke affects people of all ages, ethnicities, and backgrounds. In the United States, on average someone in the United States has a stroke every 40 seconds. Of the three different types of stroke 87 percent are ischemic (most are due to embolus/blood clot), 10 percent are intracerebral, and three percent are subarachnoid hemorrhages.

Public awareness about risk factors and warning signs of stroke needs improvement. These risk factors include high blood pressure, smoking, diabetes, physical inactivity, obesity, heavy alcohol use, some cardiac disorders, high cholesterol, and a history of Transient Ischemic Attack (TIA). According to data from the American Heart Association's 2008 Heart Disease and Stroke Statistics, recognition of the warning signs of stroke was low among all age and racial/ethnic groups.

Data from over 61,000 adults showed that only 17 percent would call 9-1-1 if they thought someone was having a stroke. One important factor in patient outcome is the delay in time from onset to treatment. A small percentage of patients get to an emergency department within two hours. The treatment window for Alteplase (rt-PA), the "clot busting" drug for embolic strokes, is only three hours. This means the patient must get to an emergency department, undergo essential screening assessments such as lab work, a CT scan, and determination of contraindication for this drug, all within three hours of the time the symptoms started.

Education about TIA is another important aspect of stroke awareness. TIA precedes stroke in 15 percent of all stroke cases. Approximately half of all the patients who experience a TIA fail to report it to their healthcare providers. The public needs to know the necessity of seeking medical attention, even if the symptoms subside. After suffering a TIA, the highest risk of stroke is within the first 30 days.

Another important, yet under recognized, characteristic of stroke is its prevalence in women. Each year 60,000 more women than men have a stroke, and each year twice as many women die of stroke than breast cancer. Stroke is an emergency, and most strokes are preventable. We all can take steps *now* to avoid a stroke.

References

- Greenlund, K.J., Neff, L.J., Zheng, Z.J., Keenan, N.L., Giles, W.H., Ayala, C.A., et al. (2003). Low public recognition of major stroke symptoms. *American Journal of Preventative Medicine*, 25, 315-319.
- National Institute of Neurological Disorders and Stroke. (2008). NINHD stroke information page. Accessed from <http://www.ninds.nih.gov/disorders/stroke/stroke.htm> on May 1, 2008.
- National Stroke Association. (2008). Women and Stroke. Accessed from <http://www.stroke.org/site/PageServer?pagename=WOMEN> on April 20, 2008.

EMS NEWS

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