



Verde Valley Medical Center
Northern Arizona Healthcare

Prehospital Care Department

UPDATES

May 2012

5/4/2012 Cath Lab Activation: Per Tish Arwine:

In continued efforts to expedite STEMI patients requiring cardiac catheterization the Cardiologists, Emergency Physicians, and the EMS Medical Director have decided and agreed to activate the cath lab for STEMI patients based on the pre-hospital patch and MI presentation.

In order for this to occur EMS providers must clearly present their findings over the patch line to include patient description, 12 lead findings including location of elevation and degree of elevation. Patch must also include the patients name and DOB and clearly request the activation of the cath lab.

For Example: I have a 70 year old male with chief complaint of sub-sternal chest pain that radiates down both arms. Pain is rated at a 7 on 10 and began approximately 20 min ago. 12 lead shows 2 mm ST elevation in leads V2, and V3. Patient is diaphoretic and has mild shortness of breath. Patients name is John Doe; DOB, 12,12,1942. Request Cath lab activation.

Medics are expected to patch early to provide pertinent patient information (as suggested above). This is a pre patch to get the cath lab process started. A re-patch should be made prior to arrival to verify if patient care will be a direct to cath transfer.

Every attempt should be made to still send a 12 lead EKG through Rosetta to provide additional information to the ED physician and cardiologist. In addition this provides an opportunity to compare old EKG Strips to new.

Thank you. David Guth, Pre-hospital Coordinator Assistant

April 2012

4/3/12 April VVMC Run Review: Dr. Biglari (Banner Samaritan) will continue his lecture on reading 12 Lead EKG's. April 17, 2012 at 0830 in VVMC Conference Room B & C. CHANGED DO TO CANCELTION.

March 2012

3/7/12 Ondansetron Tablets: To all, Ondansetron injectable has continued to come up as one of the medications on the drug shortage lists. Currently we do still have a minimal supply of injectable Ondansetron at VVMC. Dr. Burns has authorized the use of Oral Disintegrating Tablets (ODT) in place of injectable. The ODT's are 4 mg each. I have attached the AZDHS drug profile for Ondansetron. Particular attention should be paid to the **Special Notes** section of the profile on use of the ODT. The minimum age for the administration of the ODT is 4 years old. The pharmacy is recommending using the same amount as we are currently using for IV dosing. As in the IV administration for adult begin with 4 mg and may repeat in 10 minutes. Be aware that onset of action will be longer with the ODT version. All pediatric patients between 4 and 14 years old will receive a single 4 mg dose.

All providers must review the profile before use of the ODT. Please keep on record a sign in sheet for each ALS provider to sign after review of the profile and forward to me in Pre-Hospital Care office. The ODT Ondansetron has already been placed in the Verde pyxis and will be the SEC pyxis shortly. If you have any questions concerning this matter please do not hesitate to contact me.

3/5/2012 Base Station Run Review: Run Review, March 20, 2012, 1900, VVMC Conference Room B, Easy IO Access, Specifically humeral access, Presented by Isabelle Deslauriers, CEP, Vidacare

February 2012

2/16/2012 February 21 Run Review: EMS Run Review, February 21, 2012, 0830 am, VVMC Conference Room C, 12 Lead EKG Review, Presented by Banner Good Sam, Dr. Biglari

02/15/12 Annual Updates CANCELLED: In reviewing possible changes to the Pre-hospital Care Guidelines there are no significant changes, additional drugs or equipment being added. Therefore for 2012 there will not be annual update run reviews. Initially the plan was to refresh on some of the equipment that has been in use recently- ie CPAP, Easy IO, PICC line access and a few others. It was decided that it would serve better to have each agency establish their own review process for providers. More information to follow regarding this. Previously I sent out the dates for updates. Please make sure all providers know that we have cancelled the updates. We will still have a general run review topic on April 17th at 0830. Thanks, Tish

02/15/12 New Airway & RSI Form: The new Airway and RSI Form have been added to www.verdevalleyems.org, under "Forms".

02/09/12 Documentation of Death: In documenting on patients that have deceased Dr. Burns is requesting crews to avoid using terms "pronounced dead" or writing "time of death." Instead document in the chart "**resuscitation was terminated at ...time**" or "**resuscitation withheld by physician order at --- time**".

There are evolving problems with the coroner (Medical Examiner) about EMS declaring a time of death. More of this will be discussed at updates.

02/07/12 VVMC Annual Updates: The VVMC Base Station Annual Updates required for all IEMT's and CEP's are:

April 10th at 0830 at Cottonwood Public Safety Building

April 16th at 1900 at VVMC Conference Room B

April 17th at 0830 at VVMC Conference Room B

April 25th at 0830 at Cottonwood Public Safety Building

02/02/12 Prehospital Care Meeting: Prehospital Care Meeting January 17th, 2012

Old Business

The question was asked whether agencies can utilize a different bougieac device. Dr. Burns felt there shouldn't be an issue. When disposable CPAP devices initially came out there was only one vendor or device available. Bring documentation or the device for Dr Burns to review to the Prehospital Care office to be evaluated.

No other Old business discussed

New Business:

QI Process with Image Trend.

Reviewing calls have to go through Image Trend to review.

Dave is getting additional information and expanding the QI process through Image Trend. Please provide feedback on all calls initially as to how the QI process is evolving. All future QI feedback will be coming through Image trend for agencies utilizing this system. Email notification goes through Image trend to the provider. Signing into image trend will be necessary to review the feedback. Other agencies using different charting programs will continue to receive QI feedback through previous methods.

EMSCOM Radios-reprogram.

State is doing away with Phoenix emscom and a request was previously been made to go to free standing repeaters. Channel 11 is a free standing repeater on Mingus that has been designated by DPS for our use. Agencies need to reprogram all emscom radios by next Tuesday, 1/24/2012 to hit the freestanding repeater and not PHX EMSOCM. Receive and transmit frequencies must be changed. As of next Tuesday Med 1 and Med 5 will no longer be programmed on the VVMC patch phone- therefore EMS agencies or Phoenix EMSOM will not be able to reach us on those channels.

Receive 453.025

TX 458.025

PL 136.5

Airway Form Changes.

Changes have been made to the airway form for better data collection. More information is being targeted to help identify reasons for difficult airways and the reasons why less invasive airways occurred. Better data collection can result in improved skill sets, possible grant opportunities etc. Pre-hospital will send out form to agencies in a PDF format. Dave will discuss Jeff Boyd or Brian Espiau to see if they are able to convert to a usable PDF File initially.

Additional discussion on forms and requirements for airway calls, flights and codes. Each agency needs to still provide a method of informing pre-hospital of all Flights, Codes and Airways done in the field within 24 hours. Airways now include all airway measures including BLS. (NPA, OPA, BVM)

King Vision.

King Vision Airway: Presentation of the device and literature was distributed to the committee. All agencies present expressed an interest in a demo and felt that it could be a valuable tool to enhance first intubation attempt success. The first agency to demo the unit will be VVAC. Pre-hospital will contact the representative for the device and see if we can get a second demo unit. If an additional unit is obtained it will go to MRFD as their budgeting process for operations must be completed by mid February.

Drug box-Blitz packs.

Dr burns is requesting a required standardization for what medications are carried in during hike outs and remote locations. An example of packs and contents was distributed for blitz packs utilized by

Guardian ground. Having a standard drug component with all medications is important to avoid situations when the anticipated patient may not present as expected and appropriate medications are not available. Discussion construed as to how the agencies can create blitz packs with minimum medications without having to accrue additional costs. DHS has minimum requirements for what is in each ambulance but does not regulate what is on other apparatus. Engines, can utilize the current drug boxes that exist and just make up the compliment in a smaller case that can be kept and secured on each first out engine. If agencies are looking at doing this in addition to the established amounts, then something will need to be worked out with Pharmacy. If agencies wish to just utilize the current compliment from engine drug boxes then the current list is what will be the expectation for standardization of drugs utilized for hike outs. The pack name that is utilized by Guardian is called a Stat pack. Each agency will need to inform Pre-hospital Care Department by the end of January as to how they wish to meet the required medications. If an additional box is put into place the charge will be adjusted on the following year billing- (June 2012).

New Medic Review Process.

Concern is that we are not getting necessary feedback on new medics from their mentor or even if a mentor has been assigned. Per policy each new medic should have a medic assigned to them and a monthly report provided to pre-hospital as to how the new provider is doing? Pre-hospital will send out a form to give some general guidelines for agencies to provide feedback to pre-hospital. This process was created to assist the new medics and guiding them in their patient care. It also addresses patient care concerns early on so a trend does not develop. As new Paramedics are hired or advanced from BLS to ALS within your agency information regarding mentorship needs to be provided to PHC prior to their orientation.

Transport Requirements.

Agencies are required to patch on all inter-facility transport as outlined in policy. Certain cases will require physician consult. This applies to all ALS inter-facility transports whether they are going from SEC to VVMC, Phoenix Children's, Good Sam ect; or whether they are going from an inpatient unit at VVMC to another facility. This patch will enable medical input for patients and hopefully alleviate potential problems of crews taking critical patients on transports before adequate stabilization is made by the physician. In addition, it will help ensure medics are not transporting medication drips that are outside their scope of practice. BLS inter-facilities do not require a patch to VVMC however, FMC does request a courtesy notification on all patients. Physicians will be provided a letter this week notifying them of the responsibility to be available to the patch phone on critical patients that are being transported from one facility to the next.

Protocol Revisions for 2012- schedule for roll outs April.

Pre-hospital will email a list out once the availability of the conference rooms are determined. There will be four dates scheduled over a period of 3 weeks and all shifts. As a reminder; 100 percent attendance is required for the roll outs/updates. Attendance while on duty will not count if crew has to leave for a call. Review of training of PICC lines, Vents, CCR and possibly others. Have providers send requests for changes they want to see or review of current Protocols.

Agency Based dates for 2012.

Please provide the agency based run review dates to PHC by the end of January.

VVFD 1st requested the first week of November.

Run review tonight will be on Tachycardic rhythms. The focus on future run reviews will be on 12 lead interpretation and cardiac calls. Ventilator meeting will follow PHC Committee meeting. Meeting adjourned

Peer Review Committee: *Peer Review Minutes, January 17, 2012*, Meeting was opened up to discuss the validity of the process and direction the group intends to go. The original intent was to give the agencies additional input from medical direction on calls that each agency ran on that may have special circumstances requiring further review and decision making from medical control. In addition it provided those individuals charged with doing peer review on reports an avenue for additional medical control input.

There was a brief discussion considering changing the number of times the group meets as it sometimes seems difficult to find calls to review and bring to the process every other month. It was agreed that the process is still valid and should continue every other month. Participants should strive to bring a couple of calls for review each time as that is the primary reason for this committee forming. In addition, Pre-hospital relies on the agencies to bring the calls as each agency is in a better position to trend problems or issues that may arise specific to their agency.

Meeting then became a round table session with discussion on a variety of topics as followed:

An issue was brought up regarding a concern that every patient should receive a blood sugar. Possible causes include a check box the patch nurse is trying to fill out or it has occurred often enough that it causes providers to think every patient needs to have one completed. In the end it was reiterated by Dr. Burns that blood sugar is not required on every patient, but if the paramedic providing patient care was concerned that blood sugar may be a issue due to other patient complaints, presentation or history then there should be no concerns. If there are specific cases that need to be brought to review then those should be brought to Prehospital care department.

Dr. Burns would like to discuss Narcan due to some issues of narcan being utilized on Codes secondary to documentation of such. In some charts it appears Narcan is being given right in the middle of CCR. CCR guideline only indicates for Epinephrine to be administered during the first 8 minutes of a code. In addition when a patient is coded, the respiratory component is being handled with O2 deliver and definitive airway control. If there are other factors that mitigate the use of other medications or treatments documentation needs to reflect any deviation from standard algorithm.

Stemi calls require a 12 lead to activate the cath lab. There was a meeting with ED Physicians to evaluate the changes in technology that reduce the effectiveness of our ability to transmit these 12 leads. There have been no definitive answers regarding either spending the money to fix the technological issues or spend more time training ED Staff and prehospital. Training would include a focus on reading and presenting 12 lead information more effectively. In addition training to the ED staff would include acceptance of the medics 12 lead interpretation.

Call Review to share with providers:

19 Y/O Male CC of Chest Pain with secondary complaint of Hypothermia.

Documentation of determining whether or not chest pain is cardiac related or is it not cardiac related. Does the documentation include what is the suspected reason for the chest pain is?

Medic chose to treat using the cardiac algorithm (asa given) but did not obtain a 12 lead ECG. No documentation of support for using this protocol. Also no temp on a hypothermic patient.

Setting your documentation up in the beginning with a good initial impression of what your patient presents as. This can help identify why you would either go down a cardiac treatment route or non cardiac treatment route. Patch with base hospital did not relate enough information to indicate whether or not the patient was suspected to have cardiac involvement. In addition, if a provider is decides to go down a cardiac treatment modality then a 12 lead should be completed.

January 2012

01/24/12 EMSCOM RADIO: The Carepoint Radio at Verde Valley Medical Center has now been reprogrammed to utilize the freestanding repeater MED channel 11. Hopefully all agencies have reprogrammed their radios. As a free standing repeater you will not go through Phoenix EMSCOM but will directly trigger tones for VVMC using MED Channel 11.

The following represents the procedure to patch using MED channel 11:

Ensure your radio is set to Channel 11.

To contact VVMC key the mic. for 3 to 5 seconds, then release. (this will trigger the tones at VVMC) An incoming call alarm will sound at the Nurses station.

While the incoming call alarm is sounding we will not be able to hear you nor will you hear us.

When the ED staff nurse picks up the patch phone he or she will identify VVMC's EMSCOM identifier (Y1100) RN name (ex. Tish) and what MD is on.....go ahead

You will then proceed with your patch as normal. For example: This is Y1131....(add ambulance id and agency as well; ex. A531 with Sedona Fire District).... with a courtesy notification (or patch).....I have a.....

This was tested today from the parking lot at VVMC and worked successfully. A 12 Lead was also transmitted through EMSCOM clearly.

To transmit the 12 lead you must keep the mike keyed while transmitting from the Rosetta.

There is a cable available from General Devices that plugs from the Rosetta to the EMSCOM radio. This would eliminate the need to keep the mike keyed. Some of the agencies may have already purchased this cable.

Flagstaff Medical Center primarily uses MED channel 3 for their free standing repeater.

The Rx is 463.050 and the TX is 468.50

The pl is the same 136.5

This information may want to also be programmed into the radios for transports to FMC.

Please let me know if you have any questions for this. I encourage some refresher training on this process with all crew members. Thanks, Tish

01/04/12 New Pharmacy Pyxis Reminder: Pharmacy has placed an additional check on removing controlled substances from the Pyxis. The message will notify you that you must remove controlled substances under a patients name. All you need to do is touch the message on the screen and click accept. It will then open the drawer to allow you to remove the medication. Again this is only a reminder to limit all the previous removal of controlled substances under outdates, restock ...Please let me know if you have questions.
Tish

01/01/12 VVMC Base Station Run Reviews: January 17th 1900, February 21st 0830, March 20th 1900, April 17th 0830, May 15th 1900, June 19th 0830, July 17th 1900, August 21st 0830, September 18th 1900, October 16th 0830 and November 20th 1900.