SHOCKING NEWS

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MEDICAL DIRECTOR'S NOTES

BY DR. STACEY GOUZENNE, MD

RSI - we are close. The majority of medics have completed their OR rotations, and seem to have a better understanding of the airway anatomy and the use of LMA in the can't intubate, can't ventilate situation. There are 6 - SIX criteria for RSI implementation. They should be in your protocols. Briefly: respiratory failure, closed head injury with a GCS < 9, AMS that cannot otherwise be intubated, other situations wherein the patient may lose their airway, must be able to ventilate the patient with BVM and facial burns leading to inevitable airway loss. Before we implement the procedure, do the majority of medics feel comfortable with the level of training thus far, or...are there additional skill sets or training sessions you would like? Speak now...

What makes a good paramedic? I asked you ALL. Some shifts have had a better response rate than others. Thank you, John Sharp. There are certain themes echoing throughout the responses: 1) a sense of service or calling to the profession...the desire to "help their fellow man", to "put others above self", "empathy", "this is not a job where you just work for the paycheck"; 2) a willingness to learn...your paramedic degree is a "license to learn", you must be able to "learn from your mistakes", that you are "continually evolving", be "open to hearing new ways to do things, willing to learn new procedures", you should "never think you've learned it all", you should have a "solid educational background"; 3) excellent communication skills...you must have good "people skills, as you interact daily with the entire scope of society", "being able to put yourself on a level playing field with the people you are dealing with", should "listen to what the patient is telling them", be a "good listener", have a "good bedside manner", "must be able to communicate with the patient AND the doctors, family members and co-workers", have "the ability to connect with all types of people", "you need to consider the patient's feelings in difficult situations"; 4) leadership skills..."confidence", have the ability to "lead those that need to be led", ability to "delegate to maintain control of a scene", must "lead by example, making decisions at a moment's notice", have "leadership ability", must be a "leader not a follower".

As we continue to make progress everyday I will tell you the things I want from you. I want you to: Remember why you do this everyday. The patient' are calling us for help and when they do, help is always "on the way". Remember that excellent patient care is our goal, and we usually deliver. Remember that everyone within the Service is doing his or her best to improve the care we provide. Remember that not all questions are criticisms. Remember that which is not measured cannot improve. Continued next page

Remember your willingness to learn. Remember that the things you say take on added weight if you are in a leadership role. Remember to congratulate each other on a continual job well done...even if you don't feel like you hear it enough from above.

If you believe in the job, in yourselves, in the Service...what else matters?

1. Out of clutter, find simplicity. 2. From discord, find harmony. 3. In the middle of difficulty lies opportunity. - Albert Einstein, three rules of work

FROM THE EMERGENCY SERVICES DIRECTOR'S DESK

HAIL CAESAR ! BY FRANK THOMASON

Another month (oops - two) has rolled around and with it many things are progressing and new items are being worked on. Many of you are jumping forward to help and that is MUCH appreciated! I want to mention a few of them.

On the fire side, Art is working closely with about six departments for ISO improvements. The state will be coming in to assist in offering some quality training and guidance in this effort. (For those unfamiliar with ISO, this is a nationwide rating scale for fire agencies on overall delivery of services to their districts. Insurance companies use this rating number to scale the amount insurance premiums cost business and homeowners in respective fire districts).

With Emergency Management, thanks in part to some hard work and grants, a multi-jurisdictional hazard mitigation plan that addresses natural hazards in the county has recently been completed and sent to the State and FEMA for approval. We are starting the process of a overhaul on our countywide emergency operations plan. As part of this, we recently completed a three day Emergency Operations Center management course that was attended by approximately 25 local key officials and leaders. This has led us to seek a new area of our building that will be used for a new EOC when it is needed. More on this as it develops.

With EMS a lot is going on. I am quite impressed with everyone's hard work on the documentation and reporting. With the coming weeks, we will be looking at now migrating toward maintenance issues to ensure we stay at our high level of accuracy. We could not attain this without the help from each and every one. Speaking of documentation - our Request for Proposal for our new electronic software and hardware should be available any day for the vendors to respond to. Please see your supervisor if you would like to see a copy of the proposal when it is available. Thanks to several of you who have helped so far in this important project. There is more to do so stay tuned! RSI - Great work to everyone on this process. There will be some additional training and check-off's offered in the near future for anyone to continue to sharpen their skills on this new important procedure. The goal is that we want everyone comfortable with the process - and with anything new it will take a bit to attain this, but I'm confident that our staff will once again shine in this area.

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SWAT MEDIC - looks like we are headed to having this project turn to reality shortly. The proposal was recently reviewed and approved by County Administration for this cooperative project between EMS the two primary law enforcement agencies (Salisbury PD and Rowan Sheriff) who have special response teams. Our first group of medics have worked hard and will graduate this week! Way to GO !!!! Finally - EMS Stations!! We are working on securing property for the new station 85. A preliminary set of building plans are already being put together. My hope is that we will have the property and plans in place so that funding can be budgeted in July '05. - Maybe - just maybe we will have a new station by this time next year! Most of you have probably heard that the county is working to obtain a second plat of land on Statesville Blvd for a new station 84. With the hopeful completion of station 85, this will allow us to relocate station 84 a little farther west to better serve that area of the County, while maintaining good response times to other areas as needed.

YO QUIERO TRAINING

BY LENNIE COOPER

By the time you read this someone has probably performed the first RSI for Rowan EMS. My money is on Skipper, Feeney or Potts. I'm not picking on these three, they are simply more likely to be the "first". Why, because of a little thing called confidence. This is one of my 4 things that make a good paramedic. "The confidence to know you can even if others believe you can't", was my thought. Others in the service have the confidence that they themselves can, there is no doubt. Some people show that self-confidence more than others. Whether it shows or not it must be present. The surest way to fail at anything, is to think you are going to fail. If you think you CAN'T you won't, Guaranteed! The moral is, Think You CAN and you will.

Now, back to RSI. Its been a long process. There have been multiple classes, cool airway labs, OR time and lots of discussion. Some may have reservations, some may be scared to death but the fact is we owe this to our patients. I have heard people talk over and over and over about how you can kill people with RSI. Yes, you are right. On the other hand, people die without RSI? It's a skill that we have to develop like any other. There won't be that many opportunities but we should be prepared. I haven't been around long enough to remember so someone help me here. Were people this concerned when defibrillation was introduced? I mean after all you can "electrocute" somebody with that thing. Right? How long did it take to get over that fear. Now, nobody gives it a second thought.

Lets continue with RSI. Everyone should have placed the Rapid Sequence Induction Criteria for Implementation sticker in his or her protocol books. Everyone. This should be placed on the back of the Airway Adult Failed Protocol. This allows you to view both the criteria and the protocol. The limits for RSI a defined by weight 90lbs-300lbs. You will have a "cheat sheet" with your medication dosages predetermined. Use it but do not depend on it. Know how to calculate your dosages and volume. Remember some times packaging changes as do drug concentrations. Always confirm details of medications prior to administration, no matter the drug or procedure. Continued next page

This is good medicine. If you must repeat the drug cycle because of a failed initial attempt, you do not have to repeat the 1mg Norcuron dose. Several people have questioned this and Dr. Gouzenne said that the initial dose is sufficient. Restraints, triangle bandages work great, one for each limb. Any other questions please send them my way.

Continuing Education is in a holding pattern. I am preparing classes month to month until we can finalize a long-term plan. The delay is due to a combination of issues. Hopefully we will have it in place by January 1, 2005. Remember we take the month of December off from CE. We will not be testing in November so we may not have CE or I may insert some "filler" classes for the month. If so, these will be outside of the normal subject matter. I will not be able to prepare a training schedule until 11/5 so I will be pushing CE back until 11/16 and 11/18 if it is scheduled. Sorry for the inconvenience.

As always, if I can be of any help let me know. I am more than willing to do whatever is within my powers (as limited as they are) to help you succeed.

MESSAGE FROM THE MANAGER

BY BETH CONNELL

(READ AT YOUR OWN RISK!)

Here is my viewpoint on documentation issues. In reviewing ACRs I look at the documentation policy found in our protocols. It lists the data that must be recorded in the record. Beyond names and addresses it stipulates that vital signs, physical assessments, past medical histories and all treatment and procedures be noted with times. If you leave times off the procedures you can expect a call from your Assistant Supervisor asking for the missing information.

Rumblings about pain scales have been heard at my end of the hall. When you review the Vital Signs policy, note that a pain scale is required whenever pain is a reported symptom. But there is more to documenting pain that just a number. It is important to know the onset of pain, sudden or gradual. Ask the patients to characterize the pain, for example; crushing, stabbing, sharp, throbbing and dull are all good descriptions. Ask the patient what makes the pain worse or better. This information can point to a differential diagnosis and may alter your treatment plan. Many of you are doing a great job describing pain. Lots of you tell me when the patient cannot understand the pain scale concept. This is the correct way to handle situations where you are unable to comply with a protocol or policy.

I try not to be judgmental. My sticky notes are simple questions arising from unclear or confusing documentation. By now everyone knows insurance information must be listed. If insurance information is missing without an explanation, expect a question, especially if the patient has a Glasgow Coma score of 15! Many folks are doing a great job documenting missing insurance cards or patient dementia to explain incomplete billing information.

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When this is written you will not be marked on the tally sheet as non-compliant.

Supervisors are passing on my compliments for exceptional paperwork and patient care. Now you will begin to see these calls posted in the dayroom at 87 too. Look over these fine examples because they will give you great ideas to improve your paperwork.

Special thanks to Kelly Potts, who attended a recent meeting with the Finance staff. He proposed the new insurance information form. ABC pulled this together and it was put out October 14th. Small pictures of insurance cards appear at the bottom, which point out where to find vital information. I have seen these coming through with your ACRs, thanks. Remember this is a tool. You may still attach hospital sheets or photocopy insurance cards. But when a photocopier is unavailable, you will have an insurance sheet to capture the data.

I am focused on improving our performance in documenting our patient care and in adherence to the protocols. As a result of these reviews the Quality Management Committee edited the Pain Control protocol. Dr. Gouzenne has amended it to include Morphine to treat pediatric patients. As soon as the protocol is approved by the state Medical Director, everyone will get a new version for your protocol books.

Several employees have requested a class on documentation. I will be scheduling multiple classes in November so everyone can attend a session. The dates will be announced soon.

New Policy Coming Out!

With the help of Dr. Gouzenne I have written a Corrections Policy. This stipulates how call reports can be corrected for missing or unclear information. Basically a late entry can be made to amend a record. It must be identified with the initials of the person making the entry and the date. Look for the policy for details.

ROWAN SAFE KIDS: By Carole Dellinger

Rowan SAFE KIDS has been busy in October. We distributed safety information and did car seat safety checks at Food Lion stores throughout the county. As a thank you Food Lion is donating $2000 to our chapter. This money will be combined with other funds to purchase an enclosed trailer. SAFE KIDS will store bicycle helmets, car seats, and safety literature and bike rodeo props in our trailer. SAFE KIDS has volunteers from the Rowan County Sheriff's Office, Rowan Partnership for Children, Salisbury Parks and Recreation, Salisbury Police Department and the Salisbury Fire Department. Please consider joining our efforts. Childhood injury prevention is the perfect EMS outreach!

EMPLOYEE APPRECIATION DAYS: By Julie Shinn

For three days employees were treated to hotdogs and hamburgers hot off the grill. Food was plentiful and everyone seemed to enjoy themselves. Tickets were drawn for door prizes and lots of EMS folks were lucky!

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Ringing through the halls today I heard Derek Tilley exclaim, "I won a punkin?" In addition to Derek, Melody Morrison, Ann Godfrey, Reid Overcash, Nick Goodman and I won some of the mums decorating the tables. Our big winner was Angela Fox. She will receive a $50 gift certificate to Wal-Mart! You all had a chance to visit and enjoy the meal.

ELECTRONIC DATA COLLECTION: By Phil Parker

Just a note to all EMS employees, EMS has contributed to the RFP for Rowan County's electronic ACR data collection devices. (For those who don't know what RFP means it is a request for proposal.) We have decided to use laptops verses palm pilots. We have specified certain criteria for the software and hardware. We took into consideration ease of use ("Tilley proof") before submitting to vendors. The software will let you type in info or click on the text box and handwrite in information with an electronic pen. The software will put the info in type form for you. Certain fields will have drop down boxes for you to just pick an item. Zip codes will automatically be supplied by the system once you enter the address.

The electronic ACR software will be able to merge with the billing software, CAD software, etc. The computers will be a sealed laptop-which means you can hose it off for decon. We are trying to get the software to correlate with the monitors for future use. We have asked the vendors for pricing on maintenance for the complete system. As we get more info back from vendors we will share it with you. We will also get a demo of the software for everybody to see and try before making a decision. If anyone has any *helpful* ideas on this subject please pass it along to Frank, Beth, or Bob.

The RFP will go out soon!

WHERE'S OUR TRUCKS?

BY BOB TURNER

Just spoke with Southeastern Specialty Vehicles. They have received both of our new trucks. The second one just arrived this morning. They should be ready to deliver to us in around 10 days. These trucks will replace 0202 (87) and 0203 (81). After radios are installed, the trucks will be ready for service.

** EDITORS COMMENTS **

BY JERRY LITTLE

I want to talk a moment about the website available for the employees to "vent" so-to-speak. The site was intended to be a place where "we" as EMS employees could talk about ideas, problems and just gripe if you need too. Well, unfortunately because some material was posted without using an anonymous name some repercussions occurred.

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I advised when I started the site that everyone should change their username for posting purposes and use a non-county e-mail such as youralias@yahoo.com. The RCEMS site is a great tool for employees to see if they are the only ones that feel a certain way and to ask questions anonymously about anything EMS related and receive feedback from other anonymous users.

I encourage everyone who has a current username and e-mail listed on OUR site to change it ASAP. On January 1st I will be deleting any users that have not changed their names and e-mails to an anonymous alias. This will prevent any further issues. The site was intended to be "a repercussion free forum" and IT WILL BE! With the changes I am making no one else at the service will know who you are - neither will I. If I see any abuses of the website I will immediately BAN that user and they will not be able to re-join without an invitation - I may not know who they are - but I will be able to revoke posting privileges.

If anyone does not have access to this site PLEASE send me your e-mail address. Hotmail is the only e-mail that doesn't work correctly with yahoo groups. Some of you may have already asked me about this and I've just forgotten with so much going on. Please remind me or send me an e-mail.

As ALWAYS I welcome submissions from everyone who has something EMS related to ad. Feel free to contact me if you would like to submit something for the next issue.

A 'hard-copy' of the monthly newsletter will be posted at each base. Content for the newsletter can be left in my mailbox or sent to the following e-mail address:

littlejn@co.rowan.nc.us or med1171@aol.com

- Be safe - J. Little, editor