

EMS News

Volume 1, Issue 4

Winter 2012

Special points of interest:

- CARES, the largest database of cardiac arrest (1)
- DMC, MMC and EMC designated STEMI Receiving Centers (4)
- CalStar Air Ambulance closes base in Amador (6)

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Who CARES?

The "Cardiac Arrest Registry to Enhance Survival", or CARES, is the world's largest database of cardiac arrest. CARES integrates dispatch, EMS and hospital data components for the purpose of a local system to be able to define and track their own community's cardiac arrest rates and survival. CARES also provides direct feedback to healthcare providers and permits for internal and external benchmarking. The registry is rigidly standardized and the data input is strictly monitored to assure that a cardiac arrest here in Modesto is entered and tracked exactly the same way a cardiac arrest in Rochester, New York is entered and tracked. I am pleased to announce that after 18 months of negotiation and discussion the Mountain Valley EMS Agency and all of its subsidiary hospitals, dispatch centers

and prehospital providers have been extended an invitation to participate in the CARES registry. Starting in March, we will join ranks with the counties of San Diego, Contra Costa, Ventura, Santa Barbara, and San Francisco as well as Denver, Austin, Minneapolis, Atlanta, Miami, Charlotte, Boston and Washington DC, to name a few. This is a huge honor and a major step forward for our EMS system. Some of the important information CARES will provide back to us includes statistics on bystander CPR, first arrest rhythms, percentages of sustained ROSC (return of spontaneous circulation), scene times, airway stats, and more. CARES also provides feedback on hos-

pital outcomes like survival to admission, hypothermia use in the hospital, and neurological outcome at discharge from the hospital. All of this data can then be used to benchmark our system against similar systems around the country so that we can tweak and change our system to enhance survival from cardiac arrest.

As you can imagine, this undertaking will require the cooperation and teamwork of everyone involved. The EMS agency will be coordinating a CARES workgroup which will involve a central point of contact at every provider, every hospital and at dispatch. Together we can show how much we do care and together we can enhance survival from cardiac arrest in our community!

Kevin Mackey,
Medical Director



Chain of survival



Season of Change (Part II)



Richard Murdock
Executive Director

In the fall 2011 newsletter I addressed several discussion points regarding changes taking place within the member counties of Mountain-Valley EMS Agency. In this edition, I want to discuss the topic of “public/private partnerships.” The topic has been a hot discussion in the member counties of MVEMSA over the past couple of years.

To begin with, I think it’s important to define the word “partnership.” The dictionary defines “partnership” as *a relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal.* Therefore, I propose the following definition of a “public/private partnership” within the member counties of Mountain-Valley EMS Agency as *“a relationship between public (or volunteer) fire entities and private (or public) ambulance providers, which is characterized by mutual cooperation and responsibility, as for the achievement of a high standard of patient care.”*

The last sentence of that definition is vitally important to the concept of a public/private partnership – “... characterized by mutual cooperation and responsibility,



AS FOR THE ACHIEVEMENT OF A HIGH STANDARD OF PATIENT CARE.”

The purpose of developing a partnership program is to achieve a high standard of care for the patient. In other words – “IT’S ALL ABOUT THE PATIENT.”

So – what entails a partnership between Fire and EMS? My honest answer is – “I don’t

know” Many counties across the state of California have worked feverishly to develop this partnership. Many examples have been provided for Local EMS Agencies for review. I’ve listed a couple for you to review:

1. San Diego Medical Services is a public/private partnership formed as a limited liability company between the City of San Diego’s Fire-Rescue Department and Rural Metro Ambulance Company. Each partner has specific roles in San Diego Medical Services:

San Diego Fire-Rescue Department

- Oversees the City’s medical 9-1-1 operations
- Provides the primary 9-1-1 emergency medical response with paramedic/firefighters on all of the City’s 46 fire engines
- Staffs 9-1-1 ambulances
- Oversees medical dispatch communications (9-1-1 Dispatchers)

Rural/Metro of San Diego

- Staffs paramedic ambulances
- Provides non-emergency medical transportation
- Provides financial management, billing & purchasing
- Oversees System Status Management (ensuring the appropriate numbers of ambulances are in an area to adequately respond to 9-1-1 calls.)
- Infuses capital into the Emergency Medical System to help ensure ongoing quality improvements.

“Mutual cooperation and responsibility, as for the achievement of a high standard of patient care.”

(For more information on the San Diego public/private partnership go to <http://www.sandiego.gov/fireandems/911/emergfaq.shtml>)

2. San Mateo County Pre-Hospital Advanced Life Support Services

- Cities and fire districts in San Mateo County formed a Joint Powers Authority (JPA).
- Developed public/private partnership to take advantage of the recognized strengths and abilities of both public and private entities maximizing benefits for the surrounding communities.
- JPA entered into a contract with the private ambulance company to provide supplies, training, equipment, medical oversight, and some monetary assistance.
- JPA entered into a contract with San Mateo County to provide all communication services for fire and medical activities.
- All fire agencies agreed to drop their city boundaries for responses to medical calls. Computerized Aided Dispatch (CAD) tracks the closest available paramedic engine for every call and automatically designates this unit for response without regard to jurisdiction. The practice of disregarding city boundaries also applies to move-up, which means that fire engines from various jurisdictions are continuously moving into fire stations in other jurisdictions, which are vacant due to the resident engines responding to calls or participating in training or other activities.



“IT’S ALL ABOUT THE PATIENT.”

(For more information on San Mateo go to www.ncppp.org/cases/sanmateo.shtml)

The Mountain-Valley EMS Agency will be working with fire agencies and pre-hospital providers to define a “public/private partnership” in each respective area of the member counties. The development process will be driven by the motivation for enhanced patient care. Stay tuned – more to follow!

ENHANCING CARE FOR CARDIAC PATIENTS

Mountain-Valley EMS Agency Designates Three Cardiac Specialty Centers

Effective January 1, 2012, Doctors Medical Center, Emanuel Medical Center, and Memorial Medical Center in Stanislaus County will operate as Regional STEMI Receiving Centers. The hospitals were designated by the Mountain-Valley EMS Agency during the month of October 2011.

A STEMI Receiving Center (SRC) is a preferred destination for patients who access the 9-1-1 system and who show evidence of a severe heart attack known as ST-Elevation Myocardial Infarction on a 12 lead EKG.

To receive designation as a STEMI Receiving Center, hospitals must be licensed for a 24 hour cardiac catheterization laboratory and cardiovascular surgery capabilities and have a 24 hour call panel for a cardiac interventionist. The cardiac catheterization laboratory is staffed and equipped with specially trained doctors, nurses and technicians equipped to perform immediate interventions that save heart muscle such as balloon angioplasty and stent placement. These advanced procedures have been shown to dramatically improve outcomes for heart attack victims when they are performed while a heart attack is in progress.

Richard Murdock, Executive Director of Mountain-Valley EMS Agency, explains the impact for Stanislaus County: "Paramedics in the pre-hospital environment are initiating a 12-lead EKG and rapidly transporting patients having signs/symptoms of a heart attack with an EKG interpretation of ST-Elevated Myocardial Infarction to a STEMI Receiving Center. The goal is to send these patients having a heart attack to a hospital that specializes in reperfusion of coronary arteries.

To have three designated centers in Stanislaus County that provide cardiac specialty care gives great odds for a positive outcome to those patients having a heart attack. Patient-centered care is the priority. Participating in the Stanislaus County Regional System of STEMI care enhances the quality of care, which is the result of evidence-based research and treatment guidelines. Care of a heart attack patient is a critical and time-sensitive situation. The surrounding community will benefit greatly by having access to capable facilities that specialize in heart care."

Mr. Murdock continues, "Doctors and Memorial Medical Center are experienced hospitals when it comes to Percutaneous Coronary Intervention or PCI centers. These two hospitals have been performing specialty treatment for decades. The designation process wasn't a complicated process for these two outstanding hospitals.

Emanuel Medical Center is relatively new in the area of cardiac intervention. Emanuel has invested a lot of time and money into their cardiac care program and it showed. The STEMI Site Review team was very impressed with the equipment and processes in place at EMC.

Mountain-Valley EMS Agency is proud and excited to partner with all three hospitals in Stanislaus County. We are looking forward to working closely with all three hospitals in order to develop a robust regional STEMI program."

STEMI ALERT

The STEMI ALERT should be given ASAP and contain the following information:

- Identify traffic as a STEMI ALERT
- ETA to facility
- PT age/gender
- Confirm ECG states ****Acute MI**** or ****Acute MI Suspected****
- Any urgent patient concerns
- Time of onset of symptoms
- Subjective and objective findings
- Past medical history including implanted devices
- General impression: stable or unstable and why
- Vital signs
- Field treatment and response

H STEMI REPORT AT RECEIVING FACILITY

Bedside patient report shall contain all of the above **plus** patient name, DOB, allergies and medications (especially anticoagulants, insulin, erectile dysfunction drugs, cardiac medications), pertinent medical history and name of patients cardiologist if known.

A 12-LEAD HARD COPY TO THE RN OR PHYSICIAN.

STEMI DIVERSION

STEMI diversion will apply to all STEMI receiving centers whose Cardiac Cath Lab is inoperative due to maintenance or equipment failure, hospital internal disaster or when the Cath Lab is occupied and a STEMI patient arriving via EMS cannot be taken to the Cath Lab within 30 min.

STEMI status will be updated on EMSsystems

ADVISORY STEMI DIVERSION

MOUNTAIN-VALLEY EMSA DESIGNATED STEMI RECEIVING CENTERS (SRC) ALL HAVE HELIPADS

DOCTOR'S MEDICAL CENTER

MODESTO

*

EMANUEL MEDICAL CENTER

TURLOCK

*

MEMORIAL MEDICAL CENTER

MODESTO

*

OUT-OF-REGION STEMI CENTERS WITH A HELIPAD

MERCY SAN JUAN (FROM AMADOR/CALAVERAS COUNTIES)

UCD (FROM AMADOR/CALAVERAS COUNTIES)

SUTTER ROSEVILLE



REGIONAL STEMI SYSTEM

BEGINS

JANUARY 2, 2012



The goal of a Regional STEMI system is to ensure rapid recognition, triage and treatment for patients experiencing an ST-Elevation Myocardial Infarction with a 911 to reperfusion time of 90 min or less.

No changes to Mountain-Valley Policy 530.00 STEMI TRIAGE AND DESTINATION

WHAT TO SAY TO THE PATIENT AND FAMILY...



"YOUR ECG SHOWS YOU COULD BE HAVING THE KIND OF HEART ATTACK THAT IS BEST TREATED AT A HOSPITAL THAT PROVIDES SPECIAL TREATMENTS FOR YOUR CONDITION."

STEMI SYSTEM GOAL

90% OF 12-LEADS
COMPLETED WITHIN 10 MIN
OF PATIENT CONTACT

STEMI patients are identified through computer interpretation of the 12-Lead ECG

ACUTE MI

ACUTE MI SUSPECTED

MEETS ST ELEVATION CRITERIA

Other messages DO NOT QUALIFY as STEMI

12-LEAD MONITOR STRIPS

- Assure 12-Lead device is set to the correct date and time when beginning your shift
- Make sure 12-Lead printouts have computer interpretation
- Hand write patients name and DOB on 12-Lead

ASSURE QUALITY 12-LEAD ECG

- Good skin prep & lead skin contact
- Correct lead placement
- Level baseline
- Limit motion artifact
- Good QRS in all 12 Leads
- REPORT if patient has a pacemaker



After the call fax COMPLETED

STEMI QUALITY IMPROVEMENT

DATA SHEET

WITH 12LEAD(S)

ON ALL STEMI PATIENTS AND
SUBMIT IMMEDIATELY TO

MVEMSA FAX # (209) 529-1496

STEMI TRIAGE & DESTINATION DECISION MAKING

MVEMSA policy 530.00

- With consent, a STEMI patient will be transported to a designated STEMI Receiving Center if estimated transport time is 60 minutes or less.
- If the STEMI patient has a preference for a cardiologist at a specific STEMI Receiving Center, the patient shall be transported to their preferred hospital.
- If transport time to a STEMI Receiving Center is greater than 60 minutes, the patient shall be transported to the nearest STEMI Referral Hospital.
- Paramedics in Amador, Calaveras and Mariposa may exercise judgment and confer with the Base Hospital and request Air Ambulance transport to a STEMI Receiving Center with a helipad to ensure the most rapid and definitive reperfusion available.
- ALL unstable, hypotensive or patients in extremis will be diverted to the nearest emergency department.



1101 Standiford Ave.
Modesto, California
Office: (209) 529-5085

“The consolidation of our bases announced today will not have a major impact on the communities CalStar services”

**CalStar CEO
Lynn Malmstrom**

CalStar Closes Base in Amador County

by Marilyn Smith

CalStar unexpectedly closed their air ambulance operations based in Amador County on January 18, 2012. EMS Agency staff is working with EMS dispatch centers in Amador and Calaveras to ensure that the closest air ambulance is being requested into their counties. Additionally, we have asked CalStar to notify all individuals in Amador and Calaveras Counties that purchased a CalStar membership to notify them that they have ceased providing service in the area and to offer them the opportunity to have their membership fee reimbursed.

Air ambulance service in Amador and Calaveras will

continue to be provided by PHI, Air Methods, and REACH. CalStar will be available to provide service in Amador County, from their other bases, if they are the closest available resource.

CalStar began providing service from Amador County on October 1, 2008. From their base at Westover Field located outside of Jackson, CalStar provided service to Amador, Calaveras, San Joaquin, Sacramento and El Dorado counties.

In addition to closing their base in Amador County, CalStar also moved its CalStar 11 operations from McClellan Park in Sacra-

mento to Vacaville combining its operations with CalStar 8. In a press release sent to dispatch centers and fire departments in Amador and Calaveras Counties on January 18, 2012, CalStar CEO Lynn Malmstrom stated “The consolidation of our bases announced today will not have a major impact on the communities CalStar services, particularly those who are CalStar membership subscribers, as we remain just minutes away by helicopter. This move will allow us to eliminate redundancies and more efficiently serve the patients who rely on us for safe, rapid transport and exceptional care.”

AMADOR COUNTY



Amador County is located in the Sierra Nevada Mountains, it is known as “The Heart of the Mother Lode,” and lies within the area known in California as the Gold Country. There is a substantial wine-growing industry in the county. Amador County is located approximately 45 miles southeast of Sacramento and encompasses 605 square miles. The county seat is located in Jackson. Main transportation routes through the county are State Routes 49 and 88.

Fire departments provide basic life support first response services. Fire resources are dispatched by CalFire ECC in Camino. Ambulance service is provided by American Legion Ambulance, the exclusive provider of ambulance service, in the county. Ambulance dispatch is provided by the Amador County Sheriff’s Department. CalStar is the sole air ambulance provider based in the county. Mutual aid air ambulance service is provided by several other providers. The lone hospital in the county is Sutter-Amador Hospital located in Jackson.

For more information on Amador County, please see their website at <http://www.co.amador.ca.us>

Amador County Triage Drill Dates for 2012

Date	Time
January 2 - 9	0800-0800
April 2 - 9	0800-0800
July 2 - 9	0800-0800
October 1 - 8	0800-0800

1. Triage tags shall be used on all 911/EMS calls for a full week quarterly starting with the first week in January, April, July and October. It will start 0800 Monday and end the following Monday at 0800.
2. The first arriving company, whether it be Fire or Ambulance will triage the patient using the START Triage criteria during the first 30 seconds of patient contact. **Please note if fire started tag in comments section on tag.**
3. Every triage tag will be audited in the hospital for accuracy. Data collected will be forwarded to the QI coordinators and discussed in the bi-monthly QI meetings.
4. The Triage Tag will NOT take the place of general documentation on PCR's or NFIRS.
5. Considered criteria for audit will be; (a) presence of vital signs (b) whether START was utilized (c) personal information present (d) treatment documented (e) visibility of the tag itself (f) whether triage was accurate and appropriate (g) whether the Ambulance unit number or Engine company number is present on the tag.
6. A Triage Tag Participation Form will be filled out and sent back to crews that participate, including fire companies.

The image shows two examples of START Triage Tags. The left tag is for a patient with a head injury, showing 'START TRIAGE' and 'MORGUE' status. The right tag is for a patient with a head injury, showing 'START TRIAGE' and 'MORGUE' status.

AMBULANCE PROVIDER PROFILE

Oak-Valley Hospital District Ambulance Service Stanislaus County

by Pat Murphy

Ray Leverett sat unassumingly in his office on a sunny Friday morning when I arrived to interview him for our newsletter. I've known Ray for many years, but I have to admit, I really didn't know him. I see him at meetings and that's about it. He invited me into his office, picked up a business card from a holder on his desk and I immediately noticed it didn't have a title for him on the card. It simply had his name with Oak Valley Hospital including the business address and phone number. I asked what his title was with Oak Valley Ambulance and he indicated that he is the Manager Director for the Ambulance operation and he is the Materials Manager for the Hospital, which owns the ambulance service.

Ray gave me a historical lesson on the French term Materials and how Napoleon started the first ambulance service. He said that Napoleon supplied his troops with materials, hence Materials Manager. I asked how long he had been working for Oak Valley Hospital and Ambulance and he stated "36 years in May". After commenting on how long that had been, I got a clue into his personality. He commented "It's a habit".

Ray Leverett was proud to tell me that Oak Valley Ambulance covers a large area from three stations that includes Oakdale, Riverbank, Waterford, as well as Hickman, La Grange, Knights Ferry and Valley Home. He says much of the area between the communities is "fence posts and coyotes". They run about 600 calls a month with about 350 turning out to be transports. They have about 40 employees and provide a quality ALS service with three 24-hour cars and two 12-hour cars.

Paramedic Rich Reed, who I spoke with later that day, gave me an insight into the company and its

employees. He stated that they have an unusually low turnover rate in the company because of the community oriented and family atmosphere that Ray and the company provides. He cites this great atmosphere to work in as the reason that over 80% of their employees have over 10 years each with the company.

Rich says the company provides many public relations opportunities with CPR classes, ROP Programs, school programs, free standbys and many other community activities. Many of the employees have been or are currently volunteers in the community themselves.

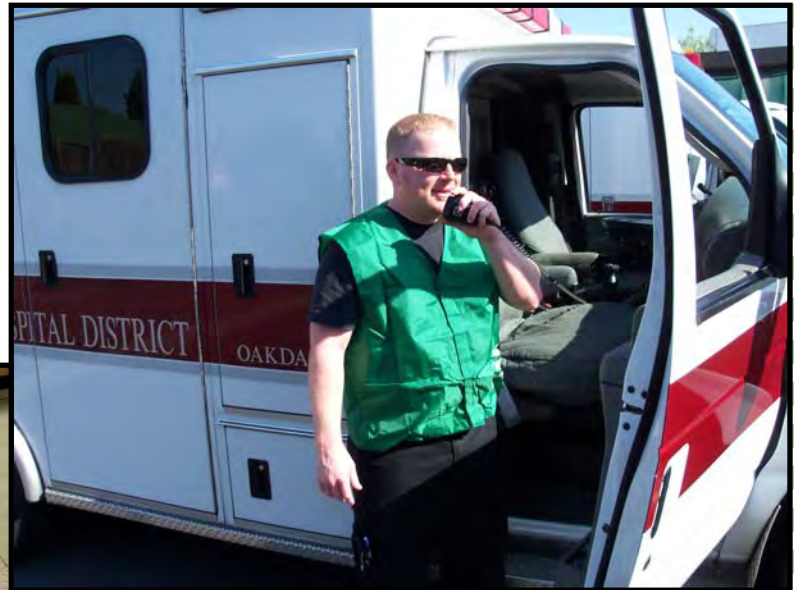


Ray Leverett is well known for the annual Cowboy Christmas where he plays Santa Claus each year on horseback. He's done this for so many years

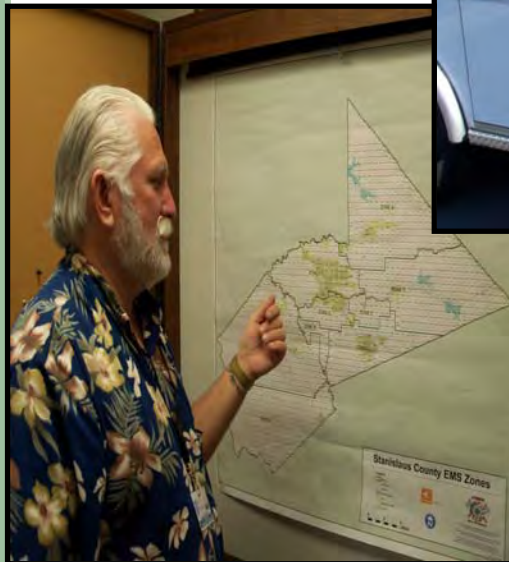
he has gone through five horses. He dabbles in theater, where he acts and sings his way into many a heart in the community. Talk about character, he once had to take Peter Pan to the hospital with a fractured humerus during a dress rehearsal. Ray was dressed like a pirate. Talk about strange looks when they arrived at the emergency department. As we talked, he could change his accent into what ever fit with the play he was talking about in a fraction of a second, from pirate to Yiddish, from Southern Drawl to Spanish, and on and on. Ray is an amazing man to talk to.

Oak-Valley Hospital District Ambulance Service

EMT Matt Hasley on the radio with DCF.



“80% of their employees have over 10 years each with the company”



Ray Leverett showing the large ambulance response zone Oak Valley Ambulance covers in Stanislaus County. Lots of “fence posts and coyotes”.

Paramedic Rich Reed and EMT Serena Van Dyke work an accident east of Oakdale



LIFECOM Recognized as Center of Excellence



American Medical Response's LIFECOM EMS & Fire Communications Center successfully re-accredited as a Center of Excellence (ACE) with the National Academies of Emergency Dispatch (NAED)®.

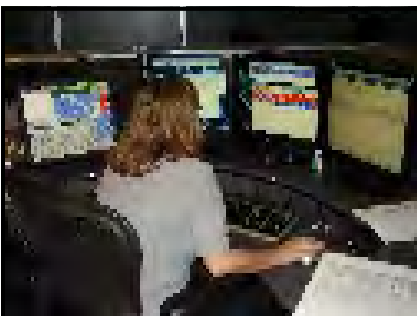
Located in Modesto California, LIFECOM provides service for the approximately 1.3 million residents of Stanislaus and San Joaquin Counties. Utilizing the Medical Priority Dispatch System (MPDS)®, LIFECOM's Emergency Tele-Communicators are certified to provide Dispatch Life Support (DLS) prior to the arrival of ambulance or fire personnel. DLS encompasses everything from hemorrhage control to CPR to childbirth-- including instruc-

tions addressing prolapsed cord and breech deliveries. In addition to DLS, Emergency Tele-Communicators are trained to efficiently and thoroughly obtain essential information from the callers to identify scene hazards and provide for the safety of the responders. This becomes even more challenging and stressful when those phoning for help are hysterical, angry, intoxicated, or speak English as a second language.

As a non-profit organization, the NAED's mission is to improve and promote emergency tele-communications practices that provide for both safe and appropriate responses as well as immediate care and treatment for the patient (s) prior to the arrival of responders onscene. There are several performance indicators to which certified tele-communicators are routinely measured. A key requirement of accreditation is maintaining compliance at or above the ninety-fifth percentile. This equates to a very high standard of excellence, which in turn, improves the efficiency of the 911 System as well as improved responder safety and patient care.

In addition to compliance standards, there are Twenty Points of Accreditation that must be satisfied to attain status as an ACE. These Twenty Points require the submission of over seventy specific sub-points of data or operational processes including the maintenance of certifications, initial and continuing education, quality improvement programs and methodology, local response configurations, as well as an in depth examination of incidents processed with the MPDS. Most importantly, accreditation standards are applied from the top down with Accreditation Points requiring signatures from senior executive(s). The collection, trending, and charting of the data required to satisfy the Twenty Points of Accreditation can take several months to organize prior to submission but this workload is quickly forgotten when presented with the official re-accreditation notice from the NAED.

This is LIFECOM's second successful re-accreditation, having received initial accreditation in 2005. As one of just over a hundred active ACEs worldwide, LIFECOM is pleased to be recognized for their continuing commitment to the highest standards of service and excellence.



Defibrillation Outcome Report for 2011

The EMS Agency is required to report, on an annual basis, statistics on the use of AED equipment. This table represents the statistics received from providers in the counties of Alpine, Amador, Calaveras, Mariposa and Stanislaus.

County	Sudden Cardiac Arrest receiving CPR prior to arrival of EMS	Witnessed Cardiac Arrest	Non Witnessed Arrest	witnessed arrest initial rhythm Vtach or Vfibr
Alpine County				
Eastern Alpine Fire and SO	2	2	0	2
Amador				
Amador Fire Protection Dist.	4	4	1	1
City of Jackson				
Jackson Valley				
Ione Volunteer				
Lockwood	1	0	1	0
Jackson Rancheria				
Sutter Creek				
Calaveras County				
Altaville-Melones	0	0	0	0
Angels Camp	1	1	1	0
Central Calaveras	0	0	0	0
Copperopolis	0	0	0	0
Ebbetts Pass	9	1	8	1
Foothill Fire	1	0	2	1
Jenny Lind	0	0	2	0
Mokelumne Hill Fire	0	0	0	0
Murphys	0	2	1	0
West Point Fire & Rescue				
San Andreas	0	0	0	0
Mariposa County				
Mariposa County Fire	0	0	2	0
Mariposa Public Util. Dist.				
Stanislaus County				
Burbank-Paradise				
Ceres Emergency Services				
Denair	0	0	0	0
Hughson	0	0	0	0
Keyes				
Modesto City	11	1	8	0
Mountain View				
Newman				
Oakdale City	0	0	0	0
Oakdale Rural	0	0	0	0
Salida	0	0	0	0
Stanislaus Consolidated	1	1	7	0
Turlock City	18	8	10	7
Turlock Rural	0	0	0	0
West Stanislaus				
Westport	0	0	0	0
Woodland Avenue	0	0	0	0
Totals:	48	20	43	12

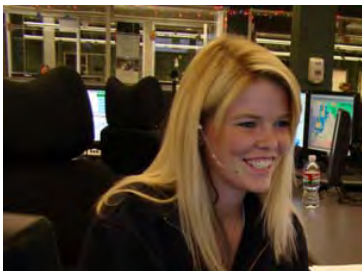
Highs And Lows

by Kevin Pagenkop, ENP
LIFECOM Fire CQI Supervisor
American Medical Response

For many of us, the ebb and flow of emergency medicine is nothing new. The longer we're in this business, the more we experience the very worst, and the very best, our jobs have to offer. These polarities were recently brought home to one of LIFE-COM's newer Emergency Medical Dispatchers (EMD), Kristi Dickinson.

In the pre-dawn hours of an evening shift, Kristi received a 911 request for medical assistance from a very emotional woman screaming "I think I'm losing my baby!" While each ringing line brings a wide spectrum of complaints and emergencies, few are of this high acuity or emotion. Each 911 incident is rotated between communications personnel, and on this shift, at this time, this specific call was routed to Kristi. As a certified EMD she applied her training and immediately began the application of Calming Techniques so that she could get the woman to provide her location so that Kristi could get Responders enroute to her. A few seconds later the woman advised that she had delivered her baby and that it was blue and not breathing.

Initiating Dispatch Life Support (DLS) Kristi attempted to give the appropriate instructions to the caller so that she could clear the newborn's airway and attempt to stimulate respirations. Providing care over a phone without the opportunity to be on-scene firsthand is its own challenge but this is compounded when the caller is distraught and screaming hysterically. Kristi alternated reassurance with direction and concurrently applied empathy and support while utilizing a confident and commanding tone to try and calm the woman down enough for her to be able to comply with the DLS instructions. While the Medical Priority Dispatch System (MPDS) Protocols are comprehensive and detailed, it often takes a couple years of experience for an EMD to master the communicator skills of voice, tone, and the ability to remain in control of a call and provide reassurance to an emotional caller. Kristi did a fantastic job, under very difficult circumstances, of providing enough reassurance and support for the woman to eventually calm down enough to comply with her airway instructions.



Kristi Dickinson, EMD

While Kristi's performance and compliance on this call was exceptional, the patient outcome was not what she was fighting and hoping for and the baby was delivered stillborn. On a similar shift, another incident rang through to her phone. "My wife is in labor and the baby is coming out!"

Once more, Kristi attempted to obtain and verify the caller's address so that a Responder could be sent. This time, the caller advised that he was trying to drive his wife to the hospital but obviously wasn't going to make it. Kristi directed him to pull over and advise his location so that she could get help on the way. The chosen location was the International House of Pancakes parking lot.

Almost as soon as the car stopped rolling the husband advised that the baby's head was presenting. Kristi quickly selected the appropriate protocols and once more began DLS. And once more she was dismayed to hear that the baby was blue and not breathing. Undeterred, she provided some quick reassurance to the husband and instructed him on exactly what he needed to do to check and clear the baby's airway. With his wife reclined in the passenger seat, and their two young daughters in the backseat, he was able to coax respirations from his newborn and welcome their third daughter into the world. While emergency tele-communicators are often an unseen, and seldom recognized, part of pre-hospital care, Kristi had the opportunity to hear the joy in the caller's voice as he passed along his appreciation to her. "Thank you so much for all your help."



With both incidents occurring in the same week, Kristi received a crash course in the highs and lows that come with this job. Speaking with her after the incidents, she's obviously taken away the right lesson. "You never know what call you're going to get so you just follow your protocols and try to help them the best you can." While not every incident location will be an IHOP, it's really not a bad place to deliver a baby. After all, IHOP's advertised special is: "kids eat free".

Kristi was recognized by LIFECOM with the presentation of a lapel pin: a pink stork.

She also received mention in the Modesto Bee article on this incident (<http://www.modbee.com/2011/11/26/1963909/after-waffling-on-birth-date-girl.html>)

A Special Call

by Pat Murphy
MVEMSA, Field Liaison

On Sunday afternoon in January I visited a house in Murphys, California. But before I talk about this visit let's talk about the house-call leading up to this visit. There had been a patient that the first responders and ambulance had responded to and treated there in November. That November call had seen me as the duty chief for the Murphys fire district, which is BLS that weekend night and I responded to a reported person not breathing. On arrival I found an elderly woman lying on the bathroom floor with agonal respirations with her daughter desperately trying to attend to her. As I assessed the patient the engine crew was walking in to help me and the daughter was letting me know she had just had open heart surgery with a triple bypass the week before. We started CPR and applied the AED. The AED advised "no shock indicated" and we continued CPR.

The ALS ambulance was responding from a fair distance away and I tried, in vain, to get a closer ambulance to respond. It was a very busy night for all the ambulances in Calaveras County. No closer ambulance was available so we did the best we could as we waited. The ambulance crew thankfully came much sooner than expected. The ECG showed asystole and the paramedic inserted a tube into the patient's airway and we continued CPR with her fresh stitches starting to leak blood. I cringed as we did chest compressions on someone that just had open heart surgery. We had done CPR for quite a while now and the usual rounds of medications per protocol were administered with seemingly no effect. The paramedic was having doubts about continuing and was preparing to contact the base hospital physician to request termination of efforts. He decided to take one last look at the ECG before calling base and requested us to stop CPR. The monitor showed a near normal sinus rhythm and he checked the pulse.

She had a strong pulse, but she wasn't breathing on her own. We looked at each other in disbelief as we thought we were seeing her during the last moments in her life. The paramedic mentally shifted gears and we loaded for immediate transport. One of our firefighters went with me and the paramedic in the back of the ambulance. The patient started to make feeble efforts to breathe and we assisted ventilations on the way to the hospital.

The next day I checked on her status to find she had been transferred to another facility. I commented that this should be a positive sign, but they warned me she had been in very critical condition.

I attempted several times to stop by and see the daughter. Finally, in January I was able to successfully find the daughter home. I asked the dreaded question and received an unexpected reply. "How would you like to come in and ask her yourself how she is doing?" To my amazement there the patient was, walking into the living room with assistance from a walker. I was pleasantly surprised and thankful. I told her the story of that dire night in November and she got quite a kick out of it.

She is the perfect example of why I tell my EMT students to always, always give the patient the benefit of the doubt and give the best possible care you can. I believe she would agree.

Special thanks to the Murphys fire crew - Will Riedel, Bill and Teddie Fullerton and Jake Johnston; American Legion Ambulance Medic 21 crew - Paramedic Dave Barstow and EMT Danny Dowden; and Mark Twain Saint Joseph's Hospital ED Team.

Teamwork at its best!

Life's little Emergencies: A local view

by Tom Morton

The EMS community has been described as a group of people dedicated to helping others. Daily emergencies are the routine for the field crews. Over time the EMS System becomes a familiar and comfortable environment. Yet daily we encounter people that have the opposite perspective about emergencies. As an EMS participant have you ever put yourself in their position? Fortunately one of our dedicated EMS professionals has embraced the idea of reversing his perspective. Out of his desire to help others and a passion for education, local Paramedic Rod Brouhard has written and published the book, Life's little Emergencies. His first book (more about that later) specifically targets seniors and their caregivers; helping them to understand how and when to access EMS, how to be prepared for EMS arrival, and some First Aid guidance in a variety of medical scenarios and situations. He uses his 20-plus years of EMS experience to illustrate ideas to non-EMS folks.

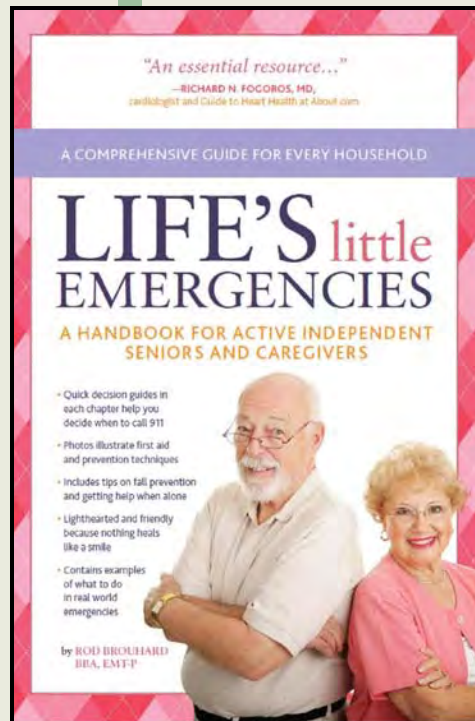
Rod is a freelance writer, past community columnist for the Modesto Bee, and for the past five years a columnist on First Aid for about.com. He recently visited the Mvemsa office and shared how this book came to be. He had already decided that he wanted to write about his EMS experiences but his original idea was in the medical narrative format – “war stories” – that many people are familiar with. EMS-related Reality TV is an extension of this format. The Publisher, demosHealth, was subscribed to Rod's First Aid column and presented him with the opportunity to write a book. They suggested a self-help format where the public could be educated regarding emergency medicine.

This format coincided nicely with Rod's passion for educating people on EMS and using 911. Rod has always enjoyed teaching. Many of us had him as the EMT Instructor at Modesto Junior College. Thus the origin of Life's little Emergencies and the beginning of a year long process.

The target audience for this book is senior citizens and their caregivers; grandpas and grandmas with little or no medical background, independent character, and traditionally self-reliant. Rod wanted to reach them as if teaching in person. No “doc-speak”, using lay terminology and

illustrated by real-life experience. His hope is that this style will break down barriers for these people when reaching out for help. The book is broken into four sections: Getting Started, Saving Lives, Injuries and Illnesses, and Surviving the Environment. Each section is then further divided into topics such as “Is this an Emergency”, “What to expect from 911”, “A Medical History of Me”, and “Other ways to call for Help”. These topics

cover things like non-technical explanations of technology (no simple task), supplies and documents to have on hand, or actual simple steps in providing basic care.



For example, there is a topic on prepping someone to give a medical history or current meds to the medic. Here's an excerpt from the book where Rod shares his personal experience on the subject to get the message across:

Last we want to know about your medical history. Any diagnosis the doctor gave you is important to us, even if it seems like you don't have it anymore. If it requires medication to control it, you still have the problem; it's just being successfully treated. I don't know how many times I've had this conversation:

Me: "Mr. Smith do you have any medical problems?"

Mr. Smith: "Nope."

Me: "Do you take medications?"

Mr. Smith: "Oh yes. Several."

Me: "What do you take?"

Mr. Smith: "Oh, I take metformin and/or Glucophage to control my blood sugar. I take atenolol and lisinopril to control my blood pressure, and I take digoxin to control my irregular heartbeat."

Me: "I thought you said you don't have any medical problems."

Mr. Smith: "I don't. There's no problem as long as I take the pills"

I'm not sure about you but I can totally hear my grandparents telling Rod this after not wanting to bother anyone by even calling 911 to begin with!

You get the idea. Rod communicates his messages geared to a completely different mindset than that of a 20-year EMS veteran.

His book is packed with these types of sidebars; it is a great read and a great reference to have around the home. I mentioned previously that this was Rod's first book.

He plans to continue with the series using a different target audience for each. Babysitters, Parents with young children, and Teachers are a just a few potential books to come. His book is available on Amazon, Barnes and Noble, and in softcopy for the Kindle and other eReaders.

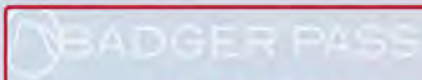
On February 23, 2012 Rod will be speaking at the Dale Commons Health Fair, again demonstrating his passion for educating people on EMS. It will be a good opportunity to hear solid information that he shares in his book.



The Author:
Rod Brouhard

***Helping Seniors to Understand
How and When to Access EMS***

Training Events



DNC Parks & Resorts at Yosemite
and Mercy Air
proudly present

Ski for C.E. at Badger Pass Ski Area in Yosemite National Park

Friday, March 9, 2012
7:00a.m. – Registration
8:00a.m. – Classes Begin

Continuing education credits for Nurses, Paramedics, EMTs, First Responders, and others with certifications needing CE credits.

Fee: \$40*

Continuing education credit topics include,
but are not limited to:

- Traumatic Brain Injury
- Survival in the Outdoors
- Environmental Emergencies
- Orthopedic Trauma in the Wild
- Helicopter Emergency Medical Services
- Altitude Sickness
- Patient Assessment in the Wilderness Environment
- Poisonous Plants and Creatures that Bite and Sting

Pre-Register Today! Non-skiers Welcome.
For more information call (209) 372-1114

* What's included:
Up to 8 hours of CE credits
plus

lift ticket, continental breakfast, complimentary lift ticket for another 2012-2013 ski day; immediate family members of the participants may receive a 50% discount on lift tickets, rentals, and group lessons.

Instructors provided by Mercy Air and the National Park Service. Authorized staff to certify participants are provided by Mercy Air.



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ClipartOf.com/42929

Community EMS Training – March 29, 2012

Training Location:
Ebbetts Pass Fire Protection District
Station #1
1037 Blagen Rd., Arnold, CA 95223

1900 – 2100 MCI/START Review/Triage Tags
Pat Murphy, MVEMSA EMS Liaison

2 Hours of FREE CE's

Course Objectives:

1. Identify objectives and procedures on MCI's
2. Understand protocols used on MCI's
3. Describe START used for MCI Calls
4. Understand the proper use of the new Triage Tags

Upon successful course completion students will receive a certificate of completion and two (2) hours of EMS CE, CE issued by EMS CE Provider # 60-0001

Contact MVEMSA to reserve your seat! (209) 529-5085

Ski for C.E. at Badger Pass Ski Area in Yosemite National Park

Friday, March 9, 2012

Upon successful completion, Continuing Education
will be provided by Mercy Air Services.

Category I / Instructor Based

Nursing CE's: Provider approved by the California Board of Registered Nursing, Provider Number CEP 8459 for 8 contact hours.

EMS CE's: Provider approved by California EMS CE Provider Number 60-0512 for 8 contact hours.

Course Objectives:

- TBI: Discuss how to differentiate injuries and management options.
- Survival in the Outdoors: Identify the key priorities over first few days.
- Environmental Emergencies: Identify those at risk and management strategies.
- Orthopedic Trauma in the Wild: Explain how you would creatively cope in the backcountry given the limitations.
- HEMS: Discuss appropriate utilization and safe operations.
- Altitude Sickness: Identify conditions and discuss management strategies.
- Patient Assessment: Explain how you would modify your approach in the backcountry.
- Poisonous Plants and Creatures: Evaluate the risk and treatment options.

Refunds/Cancellation Policy: Participants who submit a written request for refund prior to 09:00 on March 9, 2011 will receive a refund. Refunds will be issued if the event is cancelled due to weather or conditions.

Calaveras County

Calaveras County, a rural county located in the Gold Country area of California, is a location well known for its tourism and spectacular attractions such as Calaveras Big Trees State Park, Moaning Caverns, Mercer Caverns, and the annual Jumping Frog Jubilee. The geography provides ample vineyards for the wine industry, which plays a part in the county's economy. There are 1037 square miles in the county and the county seat is San Andreas. Major highways through the county are State Routes 4, 12, 26, and 49.

The county is divided into three exclusive operating areas for the provision of ambulance service. American Legion Ambulance provides services in the North and South Zones and Ebbetts Pass Fire District serves the East Zone. The Calaveras County Sheriff's Department provides the dispatch for all ambulance services within the county. Fire first response agencies are dispatched by Cal-Fire in San Andreas. Advanced Life Support first responders provide patient care in the East Zone, by Ebbetts Pass Fire District and in the Southwest portion of by county by Copperopolis Fire Department. The remaining fire departments provide basic life support first response services. Patients are typically transported to Mark Twain St. Joseph's Hospital in San Andreas or Sonoma Regional Medical Center in neighboring Tuolumne County.



THE AGENCY WILL BE HOSTING TWO PHTLS COURSES

If you are interested in taking one of these **refresher courses**, please visit the Education section of the www.naemt.org to sign up. This will provide the course coordinator your information.

To complete the **REGISTRATION** for the course you will need to submit payment, pick up the textbook and the pre-test at the EMS Agency.

Mountain-Valley EMS Agency

1101 Standiford Ave. Suite D-1

Modesto, CA. 95350

Questions, please call: (209) 529-5085



PHTLS REFRESHER COURSE DATES

Monday, March 12, 2012 8:00am - 4:00pm

Friday, April 20, 2012 8:00am - 4:00pm

COST

\$150.00 (Non-Refundable)

Instruction provided by KCI Education

Kelly Kjelstrom, MICP



EMS Personnel Training Requirements to Incorporate New National Standards

California will be implementing changes in training hours to incorporate the new National Standards.

As California moves closer to implementing changes that will reflect the new "Emergency Medical Services Education Agenda for the Future: A Systems Approach" from the National Highway Transportation Safety Administration, the EMS Authority is revising the EMT and Advanced EMT Regulations to adopt the new education standards and instructional guidelines.

In addition to adopting the education standards and instructional guidelines, the minimum hours of training will also be changed. The proposed changes for EMT training hours are increased from the current minimum of 120 hours to 160 hours. The revisions to the EMT regulations coincide with the National Registry of EMTs transition of their EMT examination to the new instructional guideline content. This transition occurs on January 1, 2012.

Instructor Meetings Scheduled -

These two (2) meetings are designed to discuss changes in education standards for the First Responder and EMT programs. We will also review the NREMT requirements in maintaining NREMT certification.

These meetings will be held at the Agency, however we plan to provide access to Go-to-Meeting for folks who are unable to travel. For further information contact Cindy Murdaugh at cmurdaugh@mvemsa.com

Date:
Wednesday, April 25, 2012

Location:
MVEMSA
1101 Standiford Ave. Suite D-1
Modesto, CA. 95350

Meeting Time:
[First Responder Programs](#)

4:00-5:30pm

[EMT Programs](#)

5:30-7:00pm

Need to Recertify?

The Agency will accept complete applications during the following hours:

Monday	10am-12pm & 1pm-4:30pm
Tuesday	8am-12pm & 1pm-4:30pm
Wednesday	8am-12pm & 1pm-4:30pm
Thursday	8am-12pm & 1pm-4:30pm
Friday	8am-12pm

MVEMSA going GREEN!

- The Agency no longer mails out reminder cards or applications for recertification. Please go to our website and print the appropriate documents to complete your recertification.

www.mvemsa.com

- The Agency newsletters will be distributed via email and posted on our website for you to read. We request that providers also post for employees. If you do not have internet access please contact the Agency to have a hard copy sent to your mailing address.

PLEASE ensure that we have your most current email address!



IMPORTANT CHANGES

Car Safety Seat Law



Children under age 8 must be properly buckled into a car seat or booster in the back seat.

Children age 8 or older, or who are 4'9" or taller, may use the vehicle seat belt if it fits properly with the lap belt low on the hips, touching the upper thighs, and the shoulder belt crossing the center of the chest. If children are not tall enough for proper belt fit, they must ride in a booster or car seat.

Seat belt fits with booster seat



Everyone in the car must be properly buckled up. For each child under 16 who is not properly secured, parents (if in the car) or drivers can be fined more than **\$475** and get a point on their driving records.

Note: Backless booster seats cost as low as \$15; high-back booster seats cost between \$20 and \$150.

Keep your children safe. It's the law!



For answers to your child safety seat questions, contact your local health department or visit cdph.ca.gov/vosp



NEW OFFICE HOURS: Monday - Friday 8:00am - 4:30pm
Office Closed: 12:00pm - 1:00pm

Mountain-Valley Emergency Medical Services Agency - (209) 529-5085

Richard Murdock	(Executive Director)	(209) 566-7203
Kevin Mackey M.D.	(Medical Director)	(209) 529-5085
Cindy Murdaugh	(Deputy Director, Training/Communications)	(209) 566-7204
Linda Diaz	(Trauma System Coordinator)	(209) 566-7207
Tom Morton	(Data Systems / Disaster Preparedness)	(209) 529-5085
Pat Murphy	(Liasion - Alpine, Amador, Calaveras, Mariposa)	(209) 566-7207
Marilyn Smith	(Response and Transport)	(209) 566-7205
Susan Watson	(Executive Secretary / Financial Services Asst)	(209) 566-7202
Joy Thompson	(Receptionist)	(209) 566-7201
Norma Cavanaugh	(Data Registrar, Certification)	(209) 566-7208

MVEMSA

1101 Standiford Ave
Suite D-1
Modesto, CA 95350

PHONE:

(209) 529-5085

FAX:

(209) 529-1496

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We're on the Web!

See us at:

www.mvemsa.com

Dated Material
Address Service Requested

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