



Emergency Medical Services *Partners*

December 2015, Issue 67

uconnems.uhc.edu

UConn Health Wins AHA Stroke Award

John Dempsey Hospital has received the American Heart Association/American Stroke Association's Get With The Guidelines®-Stroke Silver Plus Quality Achievement Award with Target: Stroke Honor Roll. The award recognizes the hospital's commitment and success ensuring that stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines based on the latest scientific evidence. This is the highest award UConn could receive as a stroke center in its first year. If we maintain the same standards through the next year, we will win the Gold Award. Key to our success has been the contribution of our EMS partners, who through early recognition, Stroke Alerts, and high quality of care, have made our job easier and led to better patient outcomes. Keep up the great work!



Bristol Cardiac Arrest/STEMI Save



Bristol EMS paramedics Matthew Behuniak, David Olmstead and EMT Kyle Belanger along with Bristol Police responded at 2:45 in the morning for a 60-year old man found in cardiac arrest by his family, who began immediate CPR. The medics shocked the patient three times, and utilizing Cardiocerebral Resuscitation (CCR) successfully restored pulses. A 12-lead ECG revealed a Left Bundle Branch Block. Behuniak called in a **STEMI Alert** to **John Dempsey Hospital** from the scene.

Thanks to the early notification, Dr. Alberto Perez activated the cardiac cath lab 27 minutes before the patient's arrival. In the lab Dr. Michael Azrin and team found significant stenosis of the patient's proximal left main, ostial left circumflex, and the mid Left Anterior Aescending Artery (LAD). Using a right radial approach, two drug-eluting stents were placed, the first in the left main extending into the ostio circum and the second in the mid LAD.

The patient is doing great — back at home with his family with full neurological function. Outstanding job by all from the family's CPR to Bristol EMS's defibrillation and early STEMI Alert Notification to the **UConn Health** ED and cath lab teams! This is what a system is all about!

35 Minute Door-to-Balloon! 80 Minute First Medical Contact-to-Balloon (including CPR time)!

2015/6 Annual Renewals

The new renewal forms are being issued by regional EMS Coordinators. Be sure to complete them and return them per your sponsor hospital's policy if you wish to maintain current medical control.

12-Lead Class

Medics who have not taken a recent 12-lead course can fulfill the requirement by passing a 12-lead exam at a 2016 skills session.

Paramedic Transition Refresher Training

All paramedics in the region, who have now already received the new paramedic curriculum will have until March 31, 2016 to either attend a national transition refresher or take the online refresher at: <http://www.fisdap.net>. The cost for the online refresher is \$75. Medics who have not completed the training by the deadline will have their control suspended. Don't wait till the last minute! The course contains 22 hours of training. Deadlines will not be extended, so plan now.

EMS Honor Roll

STEMI



American Medical Response paramedic Keyvin Lewis and partner Krystyna Olander. **16 Minute Door-to-Balloon. 41 Minute First Medical Contact-to-Balloon.**

Bristol EMS paramedic Michael Gajdosik and partner Evan Geltman. **17 Minute Door-to-Balloon. 47 Minute FMC.**

Bristol EMS paramedic Joanne Kay and partner Rob Klepps. **37 Minute Door-to-Balloon. 71 Minute FMC.**

UConn Fire Department paramedics David Demarest and Anthony Ruggiero, along with EMTs from **Canton Ambulance.**

17 Minute Door-to-Balloon. 40 Minute FMC.

Acute Stroke

American Medical Response paramedic Christopher Bussiere and his partner Timothy Sikorski.

American Medical Response EMTs Krystyna Olander and John Racloz.

Hip Fracture

Great job with pain management by **American Medical Response** paramedic Michael Palmieri.

Pain Control

Good job By Shaun Davis of **Windsor Ambulance** in seeking medical control for permission to medicate patient with severe shoulder pain, but borderline hypotension. Permission for Fentanyl was granted with good outcome.



Trauma Triage Destination

When considering patient destination with trauma patients, if you have any doubt, do not hesitate to contact medical control at



John Dempsey Hospital to confirm patient acceptance. Provide a description of patient's injuries, mechanism, vital signs, and any relevant history.

Trauma patients with the following physiological signs:

- (A) *Glasgow Coma Scale of twelve (12) or less; or*
- (B) *systolic blood pressure of less than ninety (90) mm Hg; or*
- (C) *respiratory rate of less than ten (10) or more than twenty-nine (29) breaths per minute.*

And/or patients with the following injuries should be taken directly to a Level I or Level II trauma center:

- (A) *gunshot wound to chest, head, neck, abdomen or groin;*
- (B) *third degree burns covering more than fifteen (15) per cent of the body, or third degree burns of face, or airway involvement;*
- (C) *evidence of spinal cord injury;*
- (D) *amputation, other than digits; or*
- (E) *two (2) or more obvious proximal long bone fractures.*

And severely injured patients less than thirteen (13) years of age.

All other trauma patients, including those with significant mechanism of injury, may be transported to non Level I/Level II hospitals based on consultation with medical control.

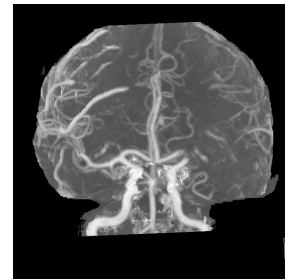
23 Minute Door to TPA!

American Medical Response intercept

paramedic Kim Quinn responded in West Hartford for a 71 year old male with sudden onset of left-sided weakness and slurred speech. She immediately called a **STROKE ALERT** to **John Dempsey Hospital**,

and then loaded the patient for a priority transport with EMTs Erica Robertson and Joseph Fortuna.

Because of her early notification, the Neurology staff was able to quickly assess the patient as he was whisked directly to CT Scan on the EMS stretcher. They started TPA within 23 minutes of arrival, exceeding the goal of <60 minutes. The patient also received a CTA Scan which revealed an occlusion of right Middle Cerebral Artery (MCA) compatible with ischemic infarct. After a thorough assessment by our Neurology team, because he still had viable collateral circulation, he was a rare candidate for endovascular therapy so the patient was immediately transferred to Hartford Hospital, with the TPA still running. He is doing well — talking with only slightly slurred speech and slight weakness. This call was a great example of the stroke system at work — rapid identification of stroke, early notification, speedy delivery of TPA and, in this case, identification of endovascular candidate by CTA with immediate transfer to the endovascular suite.



Occluded MCA artery with collateral circulation on CTA Scan



2015 UConn EMS CONTINUING EDUCATION

Monthly Morning CME

December 16, 2015

8:30-11:30 A.M.



Stroke Care : Endovascular Selection

Dr. Sanjay Mittal

UConn Stroke Team



EMS Treatment Guidelines

What Do You Do? Lightning Rounds

Dr. Richard Kamin

Latest EMS Research

ALS vs BLS, Continuous Chest Compressions, Passive Ventilation, CPR Machines

Peter Canning

East Farms Fire

94 South Road, Farmington, CT

Bagels and Coffee will be served

For Questions, email Peter Canning at canning@uchc.edu

ALL EMS RESPONDERS AND GENERAL PUBLIC WELCOME

CONTACT US:

Any questions or suggestions about EMS? Looking for patient follow-up?



Contact EMS Coordinator Peter Canning at canning@uchc.edu or call (860) 679-3485.

UConn Health EMS Website

For news, educational information, CME schedule and past copies of our newsletter *Partners*, check out our website at:

uconnems.uchc.edu