



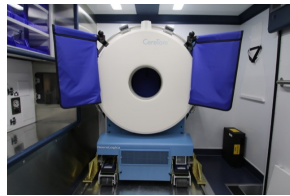
Emergency Medical Services
Partners

March 2016, Issue 70

uconnems.uhc.edu

Stroke Ambulance to Visit UConn ED

A new Mobile Stroke Unit Ambulance will visit the UConn Health/JDH ED on March 1 from 10-1:00.



Mobile stroke units have a CT scanner on the ambulance, tele-neurology services with access to a neurologist, and the ability to give Alteplase (tPA) on the ambulance. This state of the art technology in stroke care has been researched for several years and was presented at the International Stroke Conference. One day these ambulances may see action in our state. Come by and check it out. All are invited to attend.

EMS Stroke Alerts

47.8% of EMS stroke patients who received the time-sensitive clot-busting drug tPA at **John Dempsey Hospital** were transported to the hospital without lights and sirens. (July 2014-February 2016)

3 of the last 4 EMS stroke patients who received tPA were not called in as stroke alerts by EMS.

Studies have shown the sooner tPA is given, the better the results for the patient. The longer the time from symptom onset, the more risky the drug becomes until it reaches the point where the risk outweighs the benefit.

Do not hesitate to call a possible stroke alert if stroke is in your differential diagnosis. Our current overtriage for stroke alerts is 47%, and we are fine with that. Err on the side of the patient. Try to limit scene time to 15 minutes or less, and transport rapidly. Transport should be equivalent to trauma or acute myocardial infarction calls.

2015 Hip Fracture Stats from UConn

EMS brought in 93 Patients with Hip Fractures in 2015.

66 had Pain Scales (71%)

55 came in ALS (59.1%)

31 received analgesia (33.3% of all hip fractures, 56.4% of those attended by ALS received analgesia.)



Since September 2014, we have been tracking hip fractures by town to see if an EMS system's structure has an effect on analgesia. Here are our results from towns with a minimum of 5 hip fracture patents::

West Hartford—20 Hip Fractures (70% analgesia)

Newington—6 Hip Fractures (66.6% analgesia)

Avon—21 Hip Fractures (47.6% analgesia)

Bloomfield—5 Hip Fractures (40% analgesia)

Simsbury—10 Hip Fractures (30% analgesia)

Canton—12 Hip Fractures (25% analgesia)

Farmington—38 Hip Fractures (15.7% analgesia)

Possible explanations for the disparity that are being addressed include local dispatch protocols for low falls, availability of ALS transport units, willingness of BLS to call for pain management and QI initiatives.

The following paramedics deserve special mention for their repeated pain management efforts in hip fracture patients:

Josh Levin—UConn Fire Department

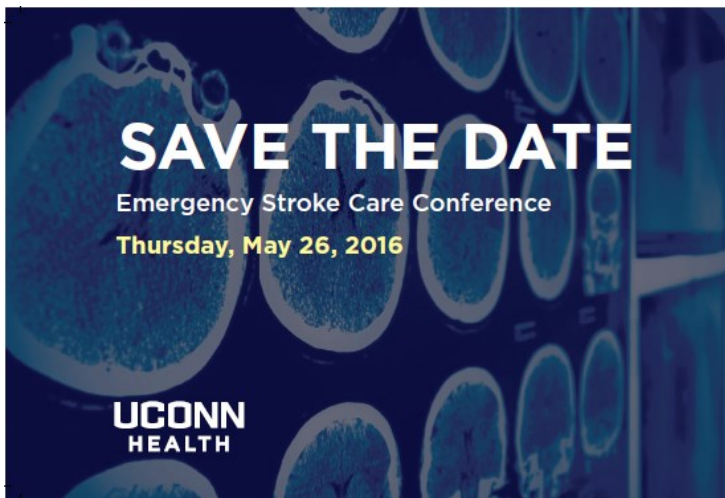
John Pickert-UConn Fire Department

John Bunnell— American Medical Response

Michael Palmieri— American Medical Response

Cyrus Thomas-Walker-American Medical Response

Mary Whitmore-American Medical Response



2016 UCONN EMS CONTINUING EDUCATION
Monthly Morning CME



March 16, 2016
 April – No CME
 May 18, 2016
 June 15, 2016
 July-No CME
 August – No CME
 September 21, 2016
 October 19, 2016
 November 16, 2016
 December 21, 2016



Held at:
NEW LOCATION

Cell and Genome Sciences Building Conference Room
 400 Farmington Avenue
 Farmington, CT
 8:30-11:30 A.M.

Bagels and Coffee will be served
 For Questions, email Peter Canning at canning@uchc.edu

ALL EMS RESPONDERS AND GENERAL PUBLIC WELCOME



2016 UCONN EMS CMES

Look for our special CME presentations coming this year



2nd Annual UConn Stroke Conference
 May 26, 2016
 8:00 A.M.-3:00 P.M.

2016 New Statewide Protocol Review
 June 14, 2016
 8:30-11:30 A.M.

12-Lead ECG and STEMI Care
 TBA

EMS Pain Management
 TBA

CONTACT US:

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

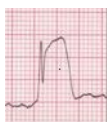


Contact EMS Coordinator Peter Canning at canning@uchc.edu or call (860) 679-3485.

EMS Honor Roll

STEMI

American Medical Response paramedic Kurt Kiriluk and John Racloz responded in Southington for a 59 year old male with sudden onset of crushing chest pain. Kiriluk performed an immediate 12-lead ECG which revealed a STEMI. He contacted **John Dempsey Hospital** with a **STEMI Alert**. While he was unable to transmit the ECG, Dr. Alberto Perez activated the cath lab based on his report alone, activating the lab 11 minutes before patient arrival. **56 Minute Door-to-Balloon. 82 Minute First Medical Contact.**



Bristol EMS paramedic Tony Benvenuto and his partner Ryan Stanford responded in Bristol for a 65 year old male with sudden onset of sternal chest pain, accompanied by shortness of breath and nausea with a prior history of 2 MIs. Their 12-lead ECG revealed an inferior STEMI, and they contacted medical control at John Dempsey Hospital for a **STEMI Alert**. The lab was activated prior to their arrival. **65 Minute Door-to-Balloon. 105 Minute First Medical Contact.**



Stroke

UConn Fire Department paramedics Brian Little and Wendell Cote for their response to a 77 year old female in Farmington with sudden onset of right-sided paralysis and facial droop, meeting 100% of benchmarks, including calling a Stroke Alert. **Door-to-TPA 64 Minutes.**



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