



Emergency Medical Services
Partners

September 2017, Issue 88

health.uconn.edu/ems

UConn John Dempsey Top Connecticut Award Winning Hospital in American Heart Association 2017 Best Hospitals List, including STEMI, Heart Failure and Stroke Care



UConn John Dempsey Hospital won six American Heart Association Awards as announced in the 2017 *US News and World Report* Best Hospitals edition. JDH won Gold plus awards for STEMI Care, Stroke and Heart Failure as well as three other awards, more than any other hospital in the state. We would like to share these awards with our EMS partners whose contributions are invaluable every day to our success and the outcomes of our patients. Thank you all for your professionalism and dedication. Keep up the strong work! Let's do it again in 2018.

Rapid Stroke Care—27 Minute Door-to-tPA X 2



American Medical Response paramedic Keith Slater and his partner Lindsay Ryan responded in Farmington for a 71-year old female with slurred speech, right sided facial droop, right sided hand grasp deficit, and slight right sided arm drift. Slater alerted the staff at **UConn John Dempsey Hospital** that the patient was a possible stroke. After a negative CT scan and

evaluation by Neurology, the decision was made to give the patient tPA, which was done in a rapid time of 27 minutes from arrival at the hospital door. The national benchmark is 60 minutes. While the patient eventually had a full resolution of his symptoms, an MRI showed a subacute stroke at the left thalamic region. The patient was discharged to short-term rehab and will follow up with UConn Neurology.

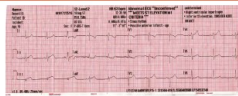
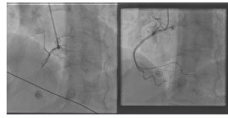


Simsbury Ambulance paramedic Tom Bascetta and his partner Andrew Albert responded for an 81-year-old female with slurred speech and facial droop that soon resolved only to reappear during transport to **UConn John Dempsey Hospital**. Bascetta called in a **STROKE ALERT**. The hospital Neurology team met the patient at the door and took her directly to the CT scan. Her CT scan was clear and the decision was made to give her tPA, which she received with 27 minutes of arrival. The patient's symptoms soon resolved and after a period of monitoring in the ICU, she was discharged home two days later with no residual defects. Great job all!





AMR Avon STEMI 25 D2B/47 FMC



12 Electro II, III, aVF with reciprocal change I, aVL, V1

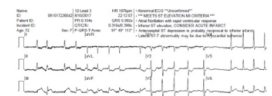
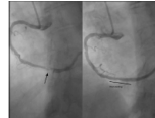
August 10, 2017 — American Medical Response paramedic John Racloz and his partner Lindsay Ryan responded for a female who went to an Avon walk-in clinic after experiencing chest pain while exercising. Racloz did an immediate 12-lead ECG, and recognizing the patient was suffering a myocardial infarction, called in a STEMI Alert with medical control to UConn John Dempsey Hospital where Dr. Khalilil Hunter-Anderson activated the cath lab. If it was not clear on Racloz's patch (the ECG transmission failed). In the cath lab, Dr. Juyong Lee and team found a 100% Right Coronary Artery (RCA) occlusion which they successfully cleared and stented, restoring perfusion. The patient is doing well under the care of our medical team and has a very pleasant disposition. Great job all!

25 Minute Door- to-Balloon. 47 First Medical Contact-to-Balloon Time

ED Team: Shannon, Chris By, Zach Gorman, R.N., Khalilil Hunter-Anderson, MD
 Cardiology Cath Lab Team—Dr. Peter Schumlin, Dr. Juyong Lee, Dr. Sabaan Khalid, Shaila LaFleur, R.N., Meera Robinson, R.N., Anthony Pasanara, R.N., Kam Coque, R.N.



Simsbury STEMI 41 Minute D2B/72 FMC



12 Electro II, III, aVF V1, V2 with reciprocal change I, aVL, V1, V2

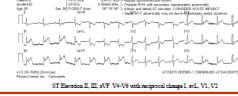
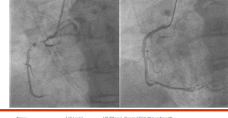
August 10, 2017 — Simsbury EMS paramedic Ashley Martin and her partners James Hagman and Russell Regenauer responded for a female with pain in her throat going into her chest similar to a previous heart attack. Martin did serial ECGs, which revealed emerging inferior ST elevation with reciprocal changes. She transmitted her third ECG to UConn John Dempsey Hospital where Dr. Heather Sibley activated the cath lab 14 minutes prior to the patient's arrival based on the transmitted ECG. In the cath lab, Dr. Juyong Lee and team found a 99% Right Coronary Artery (RCA) occlusion which they successfully cleared and stented, restoring perfusion. Great job all!

41 Minute Door- to-Balloon. 72 First Medical Contact-to-Balloon Time

ED Team: Meera Robinson, R.N., Paul Scapellato, Jennifer Gilbert, MD
 Cardiology Cath Lab Team—Dr. Peter Schumlin, Dr. Juyong Lee, Dr. Sabaan Khalid, Shaila LaFleur, R.N., Lisa Dwyer, R.N., Cynthia Pappas, R.N.



Bristol Saturday Afternoon STEMI 44 D2B/75 FMC



12 Electro II, III, aVF V1-V2 with reciprocal change I, aVL, V1, V2

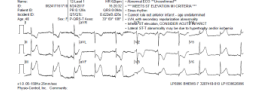
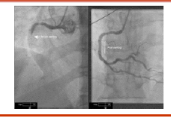
August 26, 2017 — Bristol EMS paramedic Scott Bullock and his partner Rob Klepps responded on a Saturday afternoon for a man with a burning sensation in his chest that came on while doing yardwork. When the sensation did not abate, his wife called 911. Bullock did an immediate 12-lead ECG which revealed an inferior ST Elevation Myocardial Infarction (STEMI). Bullock immediately transmitted the ECG to UConn John Dempsey Hospital, where Dr. Talhat Azemi and team found a 99% Right Coronary Artery (RCA) occlusion which they successfully cleared and stented, restoring full perfusion. The patient did well and has been released home on a heart healthy diet. Great job all! Early notification saves lives!

44 Minute Door- to-Balloon. 75 First Medical Contact-to-Balloon Time

ED Team: Shannon Argueta, Stephanie Dobson, Suzanne Ferrara, R.N., Alise Frallicciardi, MD, Meera Robinson, R.N., Kelly Wilson
 Cardiology Cath Lab Team—Dr. Agnes Kim, Dr. Talhat Azemi, Dr. Joseph Ingrino, Chris Henning, R.N., Meera Robinson, R.N., Scott King, R.N.



Bristol STEMI 21 Minute D2B/48 FMC



12 Electro II, III, aVF V1-V2 with reciprocal change I, aVL, V1, V2

August 24, 2017 — Bristol EMS paramedic Denise Shea and her partner Taylor Gonzales encountered a female at a local amusement park with severe chest pain, who was pale and diaphoretic. Shea did an immediate 12-lead ECG which revealed large inferior ST elevations. She transmitted the ECG and called in a STEMI Alert to UConn John Dempsey Hospital where Dr. Hunter-Anderson activated the cath lab 24 minutes prior to the patient's arrival. The patient was brought directly to the cath lab on the EMS stretcher. In the cath lab, Dr. Juyong Lee and team found a 100% Right Coronary Artery (RCA) occlusion which they successfully cleared and stented, restoring perfusion. Another phenomenal job by Bristol EMS and the UConn Health STEMI team!

21 Minute Door- to-Balloon. 48 First Medical Contact-to-Balloon Time

ED Team: Khalilil Hunter-Anderson, MD, Meera Robinson, R.N., Shannon Cum, R.N., Sue Nelson, R.N., Shannon Dobson, Dr. Meera Robinson, MD
 Cardiology Cath Lab Team—Dr. Agnes Kim, Dr. Juyong Lee, Dr. Sabaan Khalid, Shaila LaFleur, R.N., Drew Estess, R.N., Meera Robinson, R.N., Kam Coque, R.N.

STEMI Care— EMS Continues to Save Lives with Early Notification

August was another stellar month for STEMI care thanks to our area high-performance EMS services. They again proved the value of EMS with early 12-lead acquisition on patients with possible acute coronary syndrome, and rapid notification our STEMI Center. Through quick transmission of the ECG via LifeNet and/or through early on-line radio STEMI patches with medical control, EMS enabled us to activate our cardiac cath lab well before their patients arrived at the hospital. This directly translated into preserved heart muscle and cardiac function for our patients.

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EMS Safety Corner—In this, and coming issues, we will suggest some steps you can take to minimize errors and protect safety. We also encourage you to report EMS errors or any part of your system that you believe puts providers at risk for making medical errors. Together we can keep our patients safe!

The 6 R's of Medication Safety

All medics should be aware and practice the 6 R's of medication administration to best ensure patient safety.

Right Medication

Do you read the label of a drug before you draw it up? Are there any drugs in your kit that could be mistaken for the other? Did you ask the patient if they were allergic to any medicine?

Right Dose

Did you double check your math? A wrong decimal point in calculating can be fatal to a pediatric.



Right Route

High dose epinephrine can save a life when given IM, it can kill a patient when given IV if not properly diluted.

Right Time

Do you know how long it takes each of your drugs to take effect and how long they last? Very few EMS drugs should be pushed rapidly, which can cause significant side effects? Did you wait long enough to administer the second dose. Repeat dosing too quickly can lead to overdose.

Right Patient

This may not seem immediately relevant to EMS, but did you get a positive identification on your patient with dementia? Does the patient on your stretcher match the patient's paperwork you were handed?



Right Documentation

If you gave a drug, but did not document it, the patient is subject to double dosing at the ED. If you documented you gave a drug, but forgot to administer it, the patient may miss an essential medicine such as ASA during a cardiac event. A major source of medical errors is miscommunication at patient handover. This is why both a complete verbal report AND a properly documented PCR is essential to patient care.

Other EMS Errors

EMS errors are not limited to medication safety. Here are some other major errors that can affect you and your patients.

Ambulance Crashes

Arrive alive and do no harm. Limit use of lights and sirens. Make full stops at red lights. Wear your seat belt and make certain your patient is firmly strapped in on the stretcher. Secure equipment during transport.

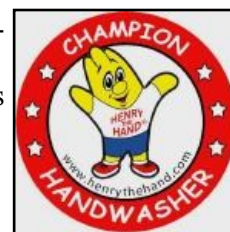


Missing or Faulty Equipment

Most EMS responders who have been on the road any length of time have a horror story or two about the time they forgot to do their start of the shift checklist. No bulb in the laryngoscope, No stair chair where the stair chair always is. Dead batteries in the monitor. Oxygen on empty. No stretcher in the back. Don't let it happen to you or your patient. Do your checklists! You don't want to end up on CNN.

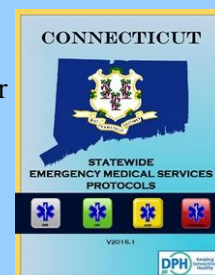
Infection Control

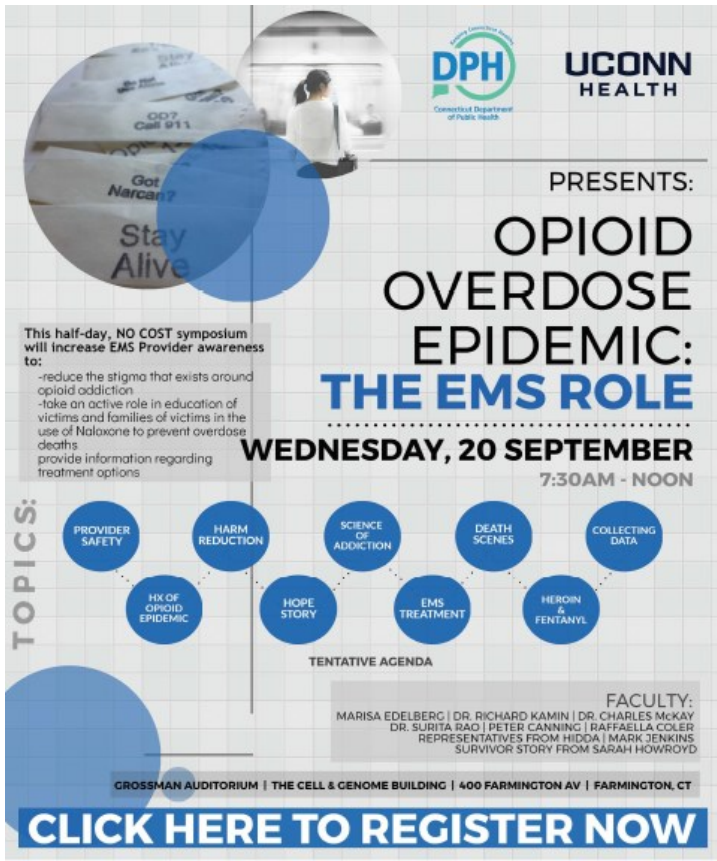
Have many of your patients developed an infection from the IVs you inserted last year? None of us know that answer, but failure to use proper aseptic technique can cause true harm to our patients, harm that we may not be aware of. Keep your ambulance clean, wash your hands, wear your gloves, wipe your IV sites thoroughly with alcoholic wipes or Betadine.



Protocol Check

Uncertain of your protocols? Never hesitate to consult them during a call or contact medical control. Don't be afraid to tell your patient: "Protocol requires I consult my protocols."





DPH UCONN HEALTH
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

PRESENTS:

OPIOID OVERDOSE EPIDEMIC: THE EMS ROLE

WEDNESDAY, 20 SEPTEMBER
7:30AM - NOON

TOPICS:

- PROVIDER SAFETY
- HARM REDUCTION
- SCIENCE OF ADDICTION
- DEATH SCENES
- COLLECTING DATA
- HX OF OPIOID EPIDEMIC
- HOPE STORY
- EMS TREATMENT
- HEROIN & FENTANYL

TENTATIVE AGENDA


FACULTY:
MARISA EDELBERG | DR. RICHARD KAMIN | DR. CHARLES MCKAY
DR. SURITA RAO | PETER CANNING | RAFFAELLA COLER
REPRESENTATIVES FROM HEDA | MARK JENKINS
SURVIVOR STORY FROM SARAH HOWROYD

GROSSMAN AUDITORIUM | THE CELL & GENOME BUILDING | 400 FARMINGTON AV | FARMINGTON, CT

CLICK HERE TO REGISTER NOW

UPDATE— REGISTRATION CLOSED
Unfortunately, registration for the *Opioid Overdose Epidemic: The EMS Role* conference has reached capacity and is closed. We are considering presenting this program again - if you're interested in being contacted, please email dph.oems@ct.gov.

Great Resource for EMS
Don't forget EMS can call the Poison Control hotline for: overdoses, unintentional poisonings, pill identification, treatment advice, symptoms to watch for, when to use charcoal, advice on when to transport, antidote information and coordination, hazardous materials, reporting a poisoning, and information on trends of abuse. Store the number in your cell phone for easy access during emergency calls.



POISON Help
1-800-222-1222

**IN A POISON EMERGENCY:
CALL 1-800-222-1222**

UConn Health EMS Website
For news, educational information, CME schedule and past copies of our newsletter *Partners*, check out our website at:
health.uconn.edu/ems

EMS Stroke Symposium


Coming November 2017
Date: TBA

**UConn Health John Dempsey Hospital
Stroke Center**

Topics Targeted to EMS to Include:

- Endovascular Treatment
- tPA: The Evidence
- Wake up Strokes
- Intracerebral Hemorrhage
- Stroke Severity Scales
- EMS Best Practices

3 Hours CME
Dinner Provided



PRIMARY STROKE CENTER CERTIFICATION
American Heart Association
American Stroke Association
CERTIFICATION
Primary Stroke Center

UConn EMS CONTINUING EDUCATION
EMS Monthly CME (3 Hours)

September 20, 2017—Opioid Conference (4 Hours)
October 18, 2017
November 15, 2017
December 20, 2017
8:30-11:30 A.M.

Cell and Genome Building
400 Farmington Avenue
Farmington, CT

ALL EMS RESPONDERS 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.