



Friday Night [under the] Lights

2013

Happy Friday.

Hope all is well with everyone this week.

Before I move on, many of you are aware of the tragic medical helicopter crash in Oklahoma City this morning. Two crew members were killed and one has been hospitalized.

I know I speak for everyone in our organization when I say we wrap our collective arms around all our colleagues in Oklahoma as they deal with the unimaginable.

It is the single most haunting and devastating fear we all have in our chosen field of work.
Please remember them in your thoughts and prayers.

I'm writing today from the Annual Gathering of Eagles Conference in Dallas. Once a year, Medical Directors from the major metropolitan EMS Systems from around the country gather and discuss cutting edge approaches to the challenges of managing patients in the out-of-hospital environment.

Personally, it's my favorite meeting in EMS science. The meeting tackles tough issues that we all face. The faculty and discussions always focus on practical approaches to applying evolving science. As everyone reading this knows, sometimes the toughest part of patient care isn't the science itself – it's the application of that science. It's *how we do the what*.

When we, as healthcare providers, strive to be expert at both the science and the delivery (the how & the what), our patients do better and the healthcare system becomes more effective and more efficient (remember those Triple Aim goals I talked about a couple of weeks ago?).

Over the next few weeks of FNuL issues, I'll share some of the Eagles topics and discussions with you. Fair warning, today's FNuL will be a little shorter than usual (don't think I can't hear your cheers) because of the meeting today & tomorrow...

I do want to share a few neat things going on in our AMR World...

Like this.

One of the things EMS is very, very good at is taking incoming calls and making competent decisions very rapidly with a limited amount of data. Essentially, we are very capable “dispositionalists” (yes – I DID make that word up). We are good at making quick decisions about the next step necessary in patient care. We may not be able to immediately know exactly what’s going on, but we can make very sound decisions on what’s needed next in order to manage our patient condition and how urgent that need is (think about 911 call taking, triage, resource decisions, hospital transport decisions, L&S transports, hospital destinations, etc).

Our skill set also includes the ability to communicate quickly with the right resources when needed (think about hospital consultation, transmission of ECGs, contact with PCP, notification of law enforcement, etc).

As healthcare continues to evolve, one of the most important changes occurring at all levels of the care continuum is the ability to quickly and effectively make appropriate, patient-centered decisions based on data – whether that data is information from a caller, the patient, a physiologic monitor or other medical data.

Basically a centralized “Medical Command Center”, if you will... A place where 12 lead ECGs are relayed to primary care physicians or electrophysiologists – Images are sent to appropriate radiologists – consumer worn patient monitors transmit pulse, B/P, weight or other physiologic data. A national center that can serve as a clinically sophisticated, centralized point of “dispositional” decision making (there’s that word again).

Well, here we go...



In its final stages of completion, this center, based in Dallas, is the first of its kind medical grade telemedicine and integration center in the country. Under the leadership of Kurt Williams (COO of Evolution Health and Interim CEO of the NE Region of AMR), this center, in partnership with several health technology leaders, healthcare systems and clinicians, will become the centerpiece of healthcare initiatives across the country.

More to follow on this. The Center will be operational in the next few weeks. I'll update you more when I get some additional cool pictures...

The power of a letter...

From the Sonoma County Press Democrat two days ago...

Wednesday's Letters to the Editor

Published: Tuesday, February 12, 2013 at 7:00 p.m.
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Saving a life

EDITOR: Recently, a friend of mine suffered cardiac arrest at home before leaving for work.

He is alive today because his wife called 911 immediately and spoke with REDCOM dispatch.

He is alive because his wife and son immediately performed aggressive hands-only CPR as directed by the dispatcher.

He is alive because a Gold Ridge fire engine arrived within minutes, firefighters continued CPR and shocked him with an AED.

He is alive because a Sonoma Life Support ambulance paramedic arrived a minute later to provide advanced care and transport him to Santa Rosa Memorial Hospital.

He is alive because he was treated expertly at the hospital.

He's now home because our EMS system worked exactly as it was designed. His smile and sore chest are a testament to the value of hands-only CPR performed immediately by family or bystanders.

Question: Do the friends, family and community around you know how to do hands-only CPR? Will you know what to do when it is your family member or friend?

If the answer is no, go to heartrescuenow.com. You can learn how to save a life in less than five minutes.

DEAN ANDERSON
Sebastopol

Recognize the author?

Probably so. It's Dean Anderson, our Sonoma Life Support leader...

Really nice job, Dean. I'm glad your friend did OK and I'm especially glad you took the opportunity to send a message to the community about how they can help save more lives. See, when something tragic happens to someone and we can use our expertise and magic to change that tragedy into a life saved, we should do everything we can to tell that story to others and motivate them to get trained and be prepared to care for the unexpected.

People listen when a story hits home. Dean took the opportunity to tell the story of a close call (which could have had a totally different outcome) and describe WHY his friends potential disaster ended up being an amazing life save.

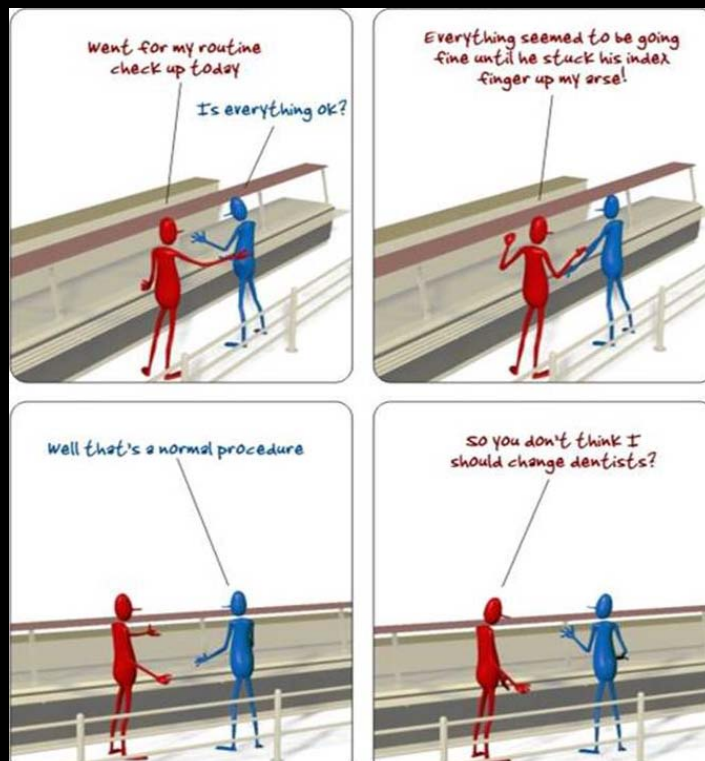
It's a good reminder for all of us that public education and outreach is a unique and important part of what we do... We should all take every advantage we can to do the same in our communities.

05.22.13 – Remember?



Epilogue...

Tonight's Epilogue comes from a friend and colleague I worked with at Piedmont Healthcare who always seems to appreciate the power of humor in healthcare – *Thanks, Susan...*



That's it from my world. *Happy Friday.* As always, thanks for what you do and how you do it...

Ed

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