



Friday Night [under the] Lights

2013



Happy Friday.

Hi all. Hope you had a fun, productive week.

I appreciate all the comments on last week's discussion regarding communication – Apparently it hit home. I have to tell you - other than comments on the humor (Epilogue), I've *never* received as many comments on anything I've written about in FNuL. I'll share a few...

Mike Ragone reminded me of the "Clear Text" that replaced the traditional "10 codes" many years ago in public safety. The effort was directed at eliminating scene confusion between responders as a result of differing interpretations or definitions of the codes.

As a matter of fact, 10-100 was often used to signify "bathroom break". Of note though, the Alabama State Police definition for 10-100 was "In Pursuit".

I will not try and piece any of that together in an explanation. I'll leave that to you.

10-4?

Our colleague Don Hales added a very practical story that also emphasizes the importance of clear communication:

"In about 1982, I was attending the Oregon State EMS Conference and Gerald Crary, MD was the keynote speaker. During one of his talks he spoke on communication and relayed a personal story:

As I recall the story went like this (It has been over 30 years ago):

I was making rounds with a medical student and we went in and started talking with a patient. The student was eliciting a great history until he asked if the patient had any dysuria. The student had used a term the patient didn't know or understand. Several attempts were made to clarify the question and patient started getting confused and not sure what the doctor wanted to know and: "the patient obviously confused and frustrated looked at me, and she said that she didn't understand what the young doctor wanted to know.

I then moved over to the patient and leaned down to make direct eye contact and in my best professional tone said that the doctor wanted to know if your pee burned. And in her frustrated and exasperated state, she said I don't know, I have never tried to light it."

Judy Busch, a colleague of mine who is the Director of Risk Management at Piedmont Newnan Hospital, also shared the importance of clear communication with patients.

"I was reminded of when I was 13; I broke my wrist in a mini bike accident (single mini bike incident)! Anyway, I remember getting an x-ray, and the doctor telling me it was a fracture, I breathed a sigh of relief...thinking that a fracture was not a broken bone...then my Mom told me that this meant I had broken my wrist...I then began to cry out of fear of having to get a cast!!".

From another of our AMR colleagues, "I think I'm going to send the first portion of this issue to my team of oncologists. Yikes. You should hear them when they get going. I just wait until their done and then they look at my face and say, "We need to do that over now, don't we?" They finally know me so well...but I just keep asking them - why in the heck don't you say it this way in the first place? ".

Finally, while it's certainly funny to hear all these stories of laughable miscommunications, it reminds us all of the role poor communication plays in patient safety, or more specifically, medical errors. The interaction between care-providers involved in managing a patient requires very clear and mutually understood communication. The risk of medical errors is dramatically increased when patient care is handed off from one individual to another. Care of patients in urgent / emergent circumstances almost always involves some sort of interaction / hand-off / turnover or consult.

We want our patients to listen to what we MEAN, and what we say.

I've heard that may have some value in marriage as well.

Theoretically, of course.

Dear...

Oops.

I owe a special thanks to Dr. Angelo Salvucci (Santa Barbara / Ventura County California). In my Valentine's Day discussion of Takotsubo Cardiomyopathy, I said there were no abnormal ECG findings associated with the "Broken Heart Syndrome". In fact, there can be ECG changes, most commonly non-specific ST-T wave changes, but also changes suggestive of an Anterior MI, as well as T-wave inversion. Cardiac cath shows no evidence of blockage associated with these changes.

Thanks, as always, Angelo, for setting the record straight (for about 10 seconds, I thought about saying I put it there as a test - naw...). My bad.

Mr. Potato Head.

Remember the picture of Mr. Potato Head from last week? Unanimous response – Everyone who weighed in knew it was our beloved Scott Bourn.

In fairness, buddy... I don't think your ears are *that* big.

Resuscitation iBook for iPad

Dr. Mickey Eisenberg, one of the world's leading cardiac arrest researchers and practitioners has made his recent text on cardiac arrest management available for free download to an iPad.

<https://itunes.apple.com/us/book/ten-steps-for-improving-survival/id603675538?mt=11&ls=1>

Ten Steps for Improving Survival from Sudden Cardiac Arrest

by Mickey Eisenberg, MD & Resuscitation Academy Faculty

The discussions are based in rigid evidence and frank practicality. I'd encourage you to download it if you're interested in learning from one of the most passionate and effective resuscitation advocates in the world today...

Do we generate paper electrons, or what?

All of us are certainly aware of the enormous size of our collective organizations (AMR, EmCare, Evolution Health, Guardian Health, Access 2 Care). During an email discussion this past week, our IT colleagues made mention of some pretty impressive statistics from our AMR MEDS ePCR.

Did you know, we have:

- 109 Business Units – (This may include multiple locations i.e. State of CT is 1)
- 20,689 active users
- 10,376,192 total PCRs transmitted to date (2/26/2013)
- 8,500 (average number) PCRs transmitted daily
- 776,312 total PCRs with EKGs attached (since December of 2009)
- 1,450 (average number) PCRs transmitted daily with LP 12/15 EKGs attached

If you do the math, that's a PCR transmitted every 10 seconds...

Impressive indeed.

Finally! Proof! The happier you are, the longer you live. Evidence-based happiness?

An article published in the *American Journal of Public Health* by Keyes followed more than 3000 adults for 10 years and correlated happiness and a sense of functioning well with premature death from any cause.

These qualities were measured by the presence of 14 different characteristics in the individuals. The study was divided into two components. In the first part, participants were asked how often they felt happy, satisfied and/or interested throughout the day (how would YOU answer?).

In order to be classified as exhibiting happiness, individuals had to report feeling at least one of those three emotions almost every day.

The second component of the study measured how well people functioned in their daily lives. This was based on 11 qualities, including personal growth, autonomy and social coherence. Autonomy meant one was confident in expression of ideas and opinions (some of you can just mark that down as present 24/7), while social coherence refers to understanding society and the world's surroundings (basically, did they integrate well into their surroundings and circumstances).

Bottom line, those that were happy and functioning well were 60% less likely to die from any cause.

Message? Grumpiness is life-threatening. Cheer up.

The Best of the Best..

Every year AMR honors its best and brightest with the Stars of Life Awards. The awards are presented by the American Ambulance Association in Washington, D.C. AMR is sending 14 caregivers to the annual event scheduled March 18-20, 2013.

Congratulations to all of the award recipients!

West Region

Ennis Jackson – San Diego, Calif.

Kyle Cacayorin – Stockton, Calif.

Christopher Rose – Kahului, Hawaii

Barry Morally – Milwaukie, Ore.

South Region

Nicholas (Nick) Pieper – Colorado Springs, Colo.

John Osborn – Las Vegas, Nev.

Tara Simione – Lake Worth, Fla.

Ron Jacobs – Jackson, Miss.

East Region

Jeremy Rodorigo – Waterbury, Conn.

Jolene Sheehan – Brockton, Mass.

Michael Johnson – Philadelphia, Pa.

Brittany Schumacher – Iowa Falls, Iowa

AMR Air Ambulance/AASI

Marcia Zuidema – Englewood, Colo.

Global Medical Response

Marlon Oxley – Trinidad & Tobago, West Indies

Tom McEntee named AMR East Region CEO

Congratulations to Tom McEntee. Tom was named by Bill Sanger as the new Chief Executive Officer for the AMR East Region. Tom joined AMR in 2007 and most recently served as the General Manager for Riverside County, California.

Tom is what many would call a “package deal”. He is an extremely talented leader, he has a keen sense of organizational culture, he loves interacting with people and he’s passionate about our mission and the care of patients.

Tom’s leadership style is inclusive, innovative and is very focused. I’ve watched him in various leadership roles in national events over the past several years and I’m always impressed with his ability to capture an audience, frame his discussions extraordinarily well and communicate in a way that conveys strength, commitment and a clear understanding of the topic at hand.

Truly one of Tom’s greatest gifts is his sense of humor – he has a unique way of sending a message with his ever-present wit.

Congratulations, Tom. Glad to have you in the new role. Well deserved – *Plus, you already have the accent...*

05.22.13



Epilogue...

What’s one of the worst views one can have on an airplane?

Our very own Lynn White got a glimpse...



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

And remember. If you're travelling with small children place your own mask on before helping others...

Ed

Edward M. Racht, MD
Chief Medical Officer
AMR / Evolution Health
ed.racht@emsc.net

05.22.13 - The AMR World Record