



Friday Night [under the] Lights

2013

Happy Friday.

I hope everyone had an enjoyable, productive week. Many folks across the country were on Spring Break this week (officially defined as the holiday where kids go wild someplace other than school...). EMS protocols for spring break can be found under “toxicology / trauma / endocrine and psychiatric” sections.

An AMR Pride double-feature this week.

- ***Ryan Mayfield – “Best Research” award at the Prehospital Care Research Forum held at EMS Today in Washington DC.***

Ryan’s abstract entitled “Decreasing Mortality of Cryptic Septic Shock in EMS Patients” analyzed 167 patients deemed to be in cryptic septic shock (sepsis with elevated lactate and a systolic blood pressure greater than 90 mm Hg). Septic shock is a rapidly progressive, life-threatening condition. Early intervention and goal directed therapy reduces mortality substantially.

Mayfield’s study demonstrated survival rates that were almost 16 times better when EMS identified cryptic septic shock prior to ED arrival.

Of note, Ryan’s abstracts have won the “Best Research” categories for the past three years. His two previous abstracts were:

- Decreasing Blood Lactate Levels in EMS Patients (Best Research 2011)
- Incidence of Cryptic Septic Shock in EMS Patients (Best Research 2012)

Ryan is our newest colleague in AMR Clinical Practices. Not only is he a talented researcher, but Ryan is the main driver behind the creation of clinical benchmarking data evolving from the Things that Matter initiatives. The combination of his scientific focus and practical (translational) knowledge create the perfect storm for innovative change in EMS Medicine (that was a mouthful)...

Strong work, Ryan. Congrats once again on the recognition (no pressure for next year...).

- **Dr. Dave Ross and his colleagues in the Colorado Springs Practice – Recognized by the Agency for Healthcare Research and Quality (AHRQ) or their efforts to develop a process to identify and safely transport appropriate patients to a detoxification facility:**

The screenshot shows the AHRQ Health Care Innovations Exchange website. The main navigation bar includes 'Home', 'Innovations & QualityTools', 'Browse by Subject', 'Events & Podcasts', 'Videos', 'Learn & Network', 'Articles & Guides', 'Stay Connected', 'Funding Opportunities', and 'My Innovations'. The featured article is titled 'Alternative Care Settings To Reduce Hospital Use' and is dated March 13, 2013. The article text states: 'When appropriate for particular patients, the delivery of health care services on an outpatient basis or in non-hospital settings can reduce costly use of hospital emergency departments and inpatient admissions. The featured Innovations describe one program that decreased emergency department visits and two programs that reduced hospital inpatient utilization by providing health care services to specific patient populations in various outpatient settings. The featured QualityTools include two patient assessment tools that supplement the featured innovations, as well as resources from a State campaign that aims to reduce emergency department use and redirect care to the most appropriate setting. Featured Innovations: • Emergency Medical Technicians Use Checklist To Identify Intoxicated Individuals who Can Safely Go to Detoxification Facility Rather Than Emergency Department'. To the right, there are sections for 'Also in This Issue:' with sub-sections for 'Innovations >', 'QualityTools >', and 'Articles >'.

The screenshot shows the 'Service Delivery Innovation Profile' for the innovation 'Emergency Medical Technicians Use Checklist To Identify Intoxicated Individuals who Can Safely Go to Detoxification Facility Rather Than Emergency Department'. The page includes a 'Snapshot' section with a 'Summary' that reads: 'Trained emergency medical technicians in and around Colorado Springs and El Paso County, CO, use a checklist to evaluate intoxicated individuals to determine if they need to go to the emergency department or can safely be transported directly to a county detoxification facility. The program has allowed for the safe transfer of a meaningful proportion of these individuals to the detoxification facility, thus avoiding expensive, unnecessary visits to crowded, resource-constrained emergency departments. Evidence Rating (What is this?) Suggestive: The evidence consists of post-implementation data on the proportion and number of intoxicated individuals transported directly to the detoxification facility rather than the ED, along with information on unplanned transfers among those transported to the detoxification facility. Developing Organizations American Medical Response, Inc. Date First Implemented 2003 The initial trial ran from December 2003 to December 2005 with one local detoxification facility; the program remains in place today, in partnership with a different facility. Patient Population Vulnerable Populations > Substance abusers'. A 'Related QualityTool' is listed as 'Detoxification Center Evaluation Checklist'. The page also features a 'Jump to:' section with links for 'What They Did', 'Did It Work?', 'How They Did It', and 'Adoption Considerations', along with 'PDF', 'Print', and 'E-mail Link' options.

Dave & his colleagues were recognized by the Agency for their innovative program to reduce hospital usage by deploying an EMS-based program to identify low risk patients who could be cared for in an alternative setting. <http://www.innovations.ahrq.gov/content.aspx?id=3789>

Interestingly, the Colorado Springs innovation was one of only 17 EMS innovations highlighted by AHRQ. As an aside, I'd encourage you to take a look at some of the other EMS-centric innovations recognized - http://www.innovations.ahrq.gov/innovations_qualitytools.aspx?categoryID=54553&taxonomyID=54640.

The Colorado Springs identified a challenge and worked not only to develop a viable solution, but studied the impact every step of the way to make sure the program was safe and made a positive impact on the patients and the community.

Hats off to our COS colleagues. Nice job.

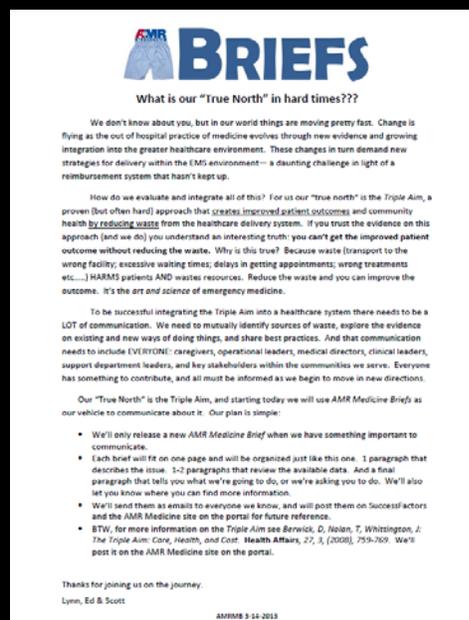
Science meets fashion...



I'll let that one simmer for just a minute. *Got the visual?*

The brainchild of Lynn White (the idea as well as the title just in case there are any HR implications...) AMR Medicine Briefs is a one page communication on a specific clinical topic that's important for the entire organization. The Briefs will be delivered in several different ways (for some reason that just doesn't sound right) and should be disseminated as widely as possible. Thanks to Ron Cunningham and his team for helping us devise a more robust way to communicate with the masses. Our goal is to tackle tough questions head on and help convey a sense of direction and insight when we can.

Our first Brief should be in your mailbox today (again, a very disturbing visual). Crafted by Scott Bourn, the Brief addresses a question we've heard often the past few months – “What is our ‘True North’ in hard times”? Specifically, when we make decisions as an organization about what we're doing with our patients and systems, how does the business and the medicine fit?



Would you be this strong when no one's really looking?

I want to share a story with you that I heard this morning.

It's so moving and powerful that I bet you won't believe it's true. When I first read it, I had to go back and read it again because I tried to imagine what I would have done in the same circumstance. What these folks did was nothing short of phenomenal.

I've changed a few things around to maintain appropriate confidentiality, but the body of the story is unchanged.

This is a story about three of our colleagues in Texas – Audrey Brown, Suann Wall and Jared Aucoin.

Recently, they were assigned to a Bariatric transfer from a facility to home. When they initially arrived, the patient was not happy with them but obviously wanted to go home (I think we can all picture the challenge of this scenario developing).

And things just got worse. When the crew arrived at the patient's house, they were met with a strong odor of cat feces. The house had 4 visible cats and according to the patient, *she used to have 6 until paramedics let a few escape* (again, I can just feel the dynamic a problem like that creates). The patient wanted to be moved into her wheel chair. The crew tried to convince her to let them put her in bed as it was safer but she continuously refused. In a valiant effort to try and meet the patient's needs, the crew attempted to move her using a draw-sheet method from the stretcher to her wheel chair. She was placed in the wheelchair but it was not an optimal position or circumstance. It was decided she needed to move to the bed.

The crew then secured the patient to a hoist lift, transferred her back to her wheel chair, but noticed she had soiled herself, and per the patient, a home healthcare provider would not be there until tomorrow.

So, what did our colleagues do? They asked her if they could clean her up and then put her back in her wheel chair. The patient agreed so they used the hoist lift to put her in bed. All three of our colleagues cleaned the patient, noticed multiple sores and tears in her groin and sacral area and a bandage over a sacral wound that had feces packed under it. The patient also had sores on both feet and was unable to bear any weight on them at the time. After cleaning the patient, they put her back in her wheel chair using the hoist lift.

But they didn't stop there.

They then decided to clean up part of her apartment, and they put food and water at her desk beside her wheel chair. They also fed her cats and gave them water! There was feces on the carpet so they cleaned it up with wipes from the truck.

And nobody was even looking.

Audrey, Suann & Jared sent a powerful message to all of us that day. What they did epitomizes the meaning and spirit of a “Care Giver”. Although I’ve never met any of them in person, I hope that whenever I need someone to care for me (no comments), I’ll have folks just like them taking care of me.

What’s equally impressive to me, though, is the fact that they could have chosen to take her home, put her in bed, notify the home health provider about her needs and cleared the call. Instead, they took the hardest road – *the right road*, and helped their patient not only feel better, but reclaim some independence and dignity. They gave her a little gift with what they did and how they did it. This poor patient probably struggles every day. What they did was a bright ray of sunshine for her.

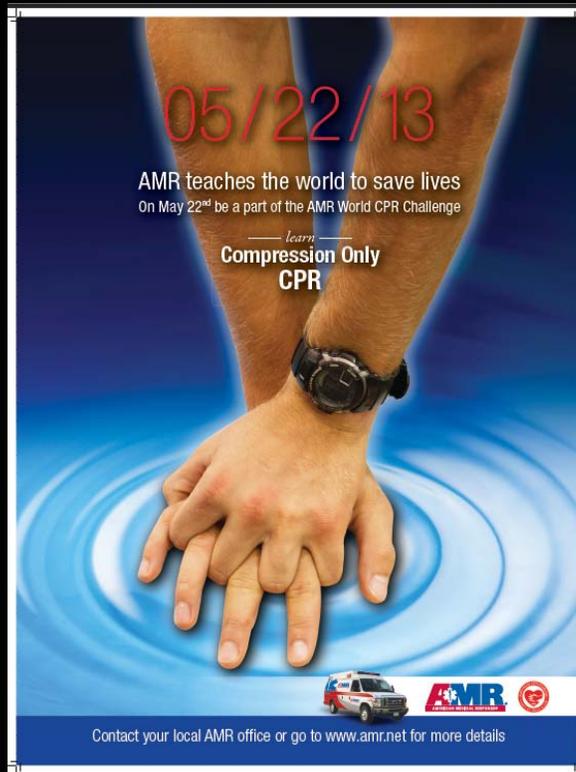
So, ask yourself – “what would I have done”?

Audrey, Suann & Jared knew the best answer, even though no one was really looking...

So now, I want them to know we ALL just looked and what they did makes us extremely proud to be their colleagues.

Looks like we have to top ourselves in the World Record department...





Epilogue...

An old man goes to the doctor for his yearly physical, his wife tagging along. When the doctor enters the examination room, he tells the old man, "I need a urine sample and a stool sample."

The old man, being hard of hearing, looks at his wife and yells: "WHAT?"

"What did he say? What's he want? What's he talking about?"

His wife yells back, "He needs your underwear."

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

Ed

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