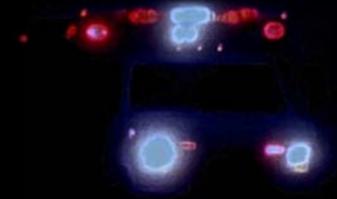


Saturday Night [under the] Lights 2013

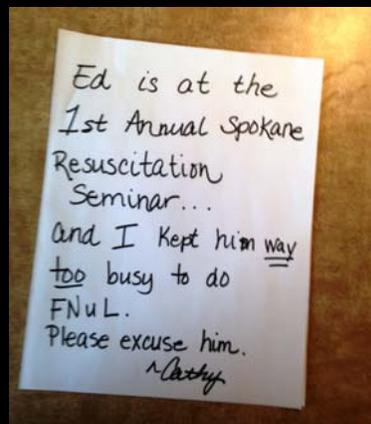


Happy Saturday / Really Late Friday Edition.

Sorry for the little delay this week. I'm finishing up this edition of FNuL as I depart the Resuscitation Conference coordinated by our colleagues in Spokane. The event was a superb team effort led by Cathy St. Amand.

[Truth be told, I recently made myself a promise that I wouldn't miss sending any issues of FNuL this year unless I had a really good excuse. It's important to me to share what's going on in our collective Practices, the mobile healthcare industry (notice I've broadened that term) and the art & science of medicine as it applies to what we all do. Not to mention, I love hearing back from you about things going on in your world. We are a huge organization - it helps keeps me grounded.]

So, in the spirit of valid excuses, I herein attach my excuse for yesterday. Sorry I'm late.



OFFICIALLY ISSUED BY CATHY ST. AMAND – WITNESSES IDENTIFIED IN THE PIC.

This first-of-its-kind conference in Spokane focused on the art & science of resuscitation and featured Dr. Brent Myers (Wake County EMS Medical Director) and Dr. Peter Kudencuk (Seattle / King County) as well as survivors, local physicians and clinical leaders.

If I had to summarize the key points in the meeting, they would be:

- The field of resuscitation science is changing dramatically – and the changes are impacting survival
- The unwavering, critical importance of perfusion – appropriately applied, uninterrupted chest compressions
- The importance of measuring key indicators of performance during a resuscitation event (such as compression density) as well as population / community metrics
- The cautious evaluation of CPR adjuncts such as automated compression devices – making sure any implementation improves compression density
- The important role of therapeutic hypothermia post-arrest with the important caveat of the evidence being inconclusive on *where* it should be initiated (Field or Hospital)
- The void in post-arrest mental health care targeting the unique needs of cardiac arrest survivors

Our Spokane colleagues get it. All of us were impressed with the quality of the questions from the participants and the obvious team-based approach (have you noticed how those systems that tend to collaborate well with ALL the players tend to have the best clinical outcomes and push the envelope to learn more about what makes a difference? That's not by accident. All of us in medicine should do everything we can to foster those kinds of relationships).

Dops - World record correction – different Practice / same AMR

In last week's FNuL, I shared a picture of the official Guinness World Record for the most people trained in CPR (AMR – LA trained 2121 people in 2002). Remember?



Well – *My bad*. We (AMR) actually beat our own World Record in 2009 when our Arlington Practice and their colleagues trained 4626 people in one day; a difference in Arlington's favor by 2505.

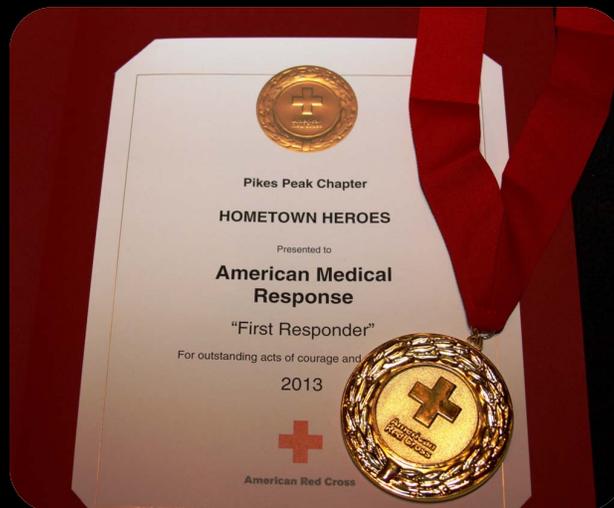
Not that any of us are competitive or anything, but it appears that Arlington Texas is the current World Record holder. Note to California – Everything is now *officially* bigger in Texas...



American Red Cross Honors AMR "Hometown Heroes" – Colorado Springs Practice

This past Thursday night, the American Red Cross honored the Colorado Springs AMR Practice as a "Hometown Hero."

The award was presented for the efforts of our Colorado Springs colleagues during the Waldo Canyon Fire this past summer.



Congratulations all. Strong work during a very scary event.

Prehospital Care “Impact Factors and rank”

Here’s something interesting that you probably didn’t know (I didn’t)...

Medical Journals (many scientific publications, for that matter) use specific metrics to weigh the “impact” a Journal has on the field it covers. The calculations are essentially based on the number of times an article is used in citations of other studies. While rank determination may contain other variables as well, the concept is that a Journal is “graded” on its influence in a particular profession.

Which is why this is interesting. This came from NAEMSP. Prehospital Emergency Care (the journal dedicated exclusively to field based medicine) now ranks 4th in the spectrum of publications covering emergency care.

RANK	JOURNAL	Immed. Index
1	Annals Emerg Med	1.397
2	Emergencias	1.078
3	Resuscitation	.788
4	Prehospital Emerg Care	.459
5	Journal of Trauma	.370
6	Acad Emerg Med	.368
7	Emerg Med Journal	.333
8	Injury	.309
9	Am J Emerg Med	.238
10	Scandinavian J Trauma	.237

Yet another powerful reminder of the importance of science and evidence in what we do in the streets.

Our AMR Medicine efforts reflect the direction of our profession, the industry and academics.

I just have to say congrats... 40 years of service!

One of our colleagues, Steve Troute, just celebrated 40 years of service with AMR Portland. 40 years! That’s phenomenal.

In addition to his EMS life, he’s an avid runner – as a matter of fact, he’s going to Paris to run the marathon there for the second time. He’s also active as a volunteer firefighter at Estacada Fire Department. *Strong work, Steve....*



Napa County innovative Helitac Rescue initiative.

The California Highway Patrol (Nor Cal) flight operations are based at the Napa airport. Through the efforts of Bruce Lee and his colleagues, the AMR Napa Practice recently established a "helitac" program. The program provides specially trained paramedics (currently 6) to work with CHP on Helicopter Long Line Rescues. In addition, AMR Napa now has an MOU with CHP for Continuing Education and experiential training for their paramedic flight officers who will spend clinical time in the field on AMR Napa ambulances.



This is another one of those great examples of a valuable win-win partnership between two organizations. The citizens and our patients benefit tremendously from this kind of collaboration.

Plus, I'm thinking that flying around with the cops hanging off a rope into the wineries below ain't such a bad gig at all...



Epilogue...

An older gentleman had been having a series of complaints over many months and had seen his doctor on several different occasions. After multiple comprehensive examinations, lab work, X-rays and a CT scan, the physician finally met with the patient to discuss his diagnosis.

"I can't find a specific cause for your complaint. Frankly, I think it's due to drinking."

The man paused. "In that case," he said, "I'll come back when you're sober"

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

And by the way, happy first week of spring. Someone needs to let the folks in Denver know, though.



I don't think they got the memo today (note to my Spokane colleagues – This was just what I needed to stop whining about how cold Washington was...).

Ed

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