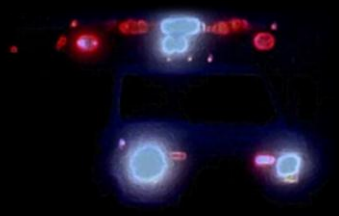
Every Other Friday Night [under the] Lights 2013



Happy Friday.

What a powerful couple of weeks, eh? *Yes. I know.*

In all of my career, I'm not sure I have *ever* been able to tell a story like the one I want to tell you tonight. Certainly not a story that has the phenomenal implications of this one.

The great part about this story, by the way, is the fact that it was written by you.

It's a story about what a group of impassioned people can do.

Two and a half years ago when I was going through my own personal decision-making regarding my career change to AMR, one of the things I remember thinking about a lot was the huge, potential impact we could make as an organization on just about anything we wanted to focus on. Size has its challenges, but it also has its advantages. Almost 17,000 of us will touch more than 3 million patient's lives in 2100 communities in 40 states and Trinidad and Tobago.

So, if we decided we wanted to see how much Tropicana Orange Juice it took to reverse significant hypoglycemia, and we all agreed on how we would give the Orange Juice, how we would decide who got the Orange Juice and how we would document and evaluate the results of our Orange Juice test, we could answer that question for the rest of medicine very quickly. And, in order for us to get the most accurate, defensible answer, we would have to be perfectly aligned in how we did it. We couldn't use just any old OJ. We couldn't give the OJ in a big red solo cup if we didn't have our specially designed OJ administration cup marked off by volume.

We'd have to do the best job we could – consistently, predictably and accurately.

I've always believed that we have a greater obligation to be clinically and operationally excellent than most. I know the purists would say everyone has an obligation to be excellent – I get that. But we see *so many people* that the impact of what we do (good, bad or ugly) has a much greater impact on society.

In short... The jury is finally in. *Size really does matter.*

So, on with the story…

As our colleague Lynn White reminds us regularly, we will collectively see almost 25,000 cardiac arrests this year. My doctor-math says that's about three arrests an hour. That's three people (and their friends and family members) that experience the ultimate, unexpected devastating, unthinkable event. Lives change in a split second (for both the patient and their loved ones).

We care for almost 10% of the arrests that occur outside the hospital in the US.

Once considered an almost uniformly fatal event (almost no one survived and those that did had significant neurologic compromise), decades of focus and research (think Tropicana Orange Juice) have helped focus our approach on this population. We have a clearer understanding of what makes a difference than ever before. And the game changers are applicable to the patients in all the communities we serve – we just have to figure out the best way to make it happen.

We have refined our approaches to CPR (anyone old enough to remember Back Pressure Arm Lift? Annie, Annie are you OK? 15:2 or 5:1?). Our approach today is easier. It's simpler.

We've learned a great deal about the physiology of resuscitation, too – for example, the impact of positive pressure ventilation on cardiac output, the effect of drugs in a low flow state, the advantages of hypothermia, etc., etc.

And we've also learned about the extraordinarily important role of the lay public in the outcome of our patients. Even in the best of systems, response intervals can almost never be short enough. The public becomes our most critical link while we make our way to the patient's side. We need them.

It's one of those circumstances where the term "lifelink" really fits.

But they have to know what to do. Without the right tools to act (which are extremely simple) they become the cop without a gun or the carpenter without a hammer or the malpractice attorney without the fish gutting tool…

So on with the story.

In 2011, we collectively made a commitment to focus on 7 Things that Matter. Cardiac arrest is one of them. It was one of our glasses of Tropicana Orange Juice…

At the time we made this decision, our cardiac arrest survival rate (2010 CARES reporting data – witnessed, shockable events) was 19% - That was almost HALF of the national average for the same year. Yikes (I wonder if Tropicana Orange Juice can make that better?).

So the work began.

- ✓ AMR Practices nation-wide united in efforts to apply the evidence in resuscitation to their communities
- ✓ We were selected to participate in the National Medtronic Heart Rescue project as the only "non-State"
- ✓ Practices nationally developed unique approaches to public outreach, education and awareness
- ✓ Survival reunions uniting rescuers, patients and families started sprouting up in our Practices all over the country
- ✓ We were fortunate enough to hear the latest and the greatest in resuscitation science from leaders in the industry who were kind enough to share their expertise via eGrand Rounds
- ✓ Participation in CARES (the place we record the effects of the Tropicana Orange Juice and compare ourselves with each other to find the right amount to drink) skyrocketed and continues to grow – we had 8 Practices participating in CARES in 2010 – Today we have 36 (a 400% increase!)

So, just like my little goofy OJ example, we decided we were going to make a difference and literally thousands of people in hundreds of communities got to work.

And we learned from each other.

And we learned from the experts.

And we looked harder at what we did and how we did it.

And we engaged our communities.

So… Has it been worth it?

The data speaks for itself.

In 2011, our CARES survival jumped from 19% to 33% (the national CARES average in 2011 was 30%). In 2012, our survival moved up to 34% (the national average in 2012 for all CARES sites was 31.7%).

But wait. *There's more.* Remember the Lifelink?

In 2010 the AMR bystander CPR rate was 21.4%. Last year it was 40.8%! I'm not the best at math but that's close to double by my calculations.

And then last week happens. Thanks to the momentary genius of one of our colleagues, Doug Petrick, the first ever AMR CPR World Challenge took place on May 22.

The collective passion of thousands of AMR practitioners trained over 51,000 people in compression only CPR that day. *51,000*.

That's 2 people trained for every arrest we will see this year.

That's 1000 people per state (and the District of Columbia – that worked out nicely).

If you laid them all end to end, it would … [probably result in incarceration].

That's more people trained in one day by a single organization than anytime else in history. It's almost 10 times the previous world record for single day training!

And so this wonderful story goes. The AMR Medicine family made a decision to tackle one of the toughest conditions in EMS and we've made an amazing impact. Not just a decent impact. *Amazing*.

And we don't even know how this story will end up. We're still smack dab in the middle of it. We still have work to do. We just trained an army of "Lifelinks". I can't wait to see what else we can do.

I am so proud of the AMR Medicine family; *I am at a loss for the right words*!

Two and a half years ago, when I pondered what AMR could do if we put our collective minds to it, I had no idea it could be this powerful. This is what EMS and public health should be.

You walked the walk.

By the way - There's one more message here. This is just one patient condition we chose to tackle. Think of what we can do for the rest. It's absolutely mind boggling.

Let's do it.

Epilogue…

Once again, I find myself in awe of the advances in medicine. However, this particular "breakthrough" leaves me a bit unsettled…

By JoNel Aleccia, Senior Writer, NBC News

An Emory University medical resident has taken the notion of donation to a whole new level, agreeing to provide stool samples for multiple patients who need life-saving procedures called fecal transplants.

Dr. Hunter Johnson has aided at least four people in the past year by providing doses of his healthy feces -- yes, poop -- to help cure devastating bowel infections caused by a nasty germ known as C. difficile.

"As you can imagine, it's not the most glamorous thing," says Johnson, 30, of Atlanta, who was recruited by his boss, Dr. Colleen Kraft. "It's hard enough to get people to donate blood, but it's much harder to get people to donate feces."

And I have to wonder if maybe HR needs to have a chat with "his boss".

So, that's it from my world. *Happy Friday.*

I have to tell you - I'm smiling ear to ear tonight, thanks to all of you.

Ed

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