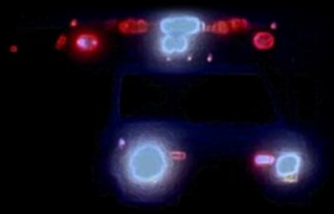
Friday Night [under the] Lights
2014



Happy Friday.

Greetings from the balmy state of Arizona (tell me again how human beings survive in this heat? Oh yeah – It's a dry heat – just like OPEN FLAME…). It's one of the few times when it's so toasty that you actually hope there ISN'T a breeze – It's like turning on the heater fan… It makes Texas feel like Antarctica…

But enough whining.

A couple of follow up discussions tonight based on last week's FNuL.

Lynn White [AMR National Director of Resuscitation & Accountable Care] reminded me that one of the more important recommendations in the Evidence Based Guidelines for External Hemorrhage article was that ALL first responders should carry tourniquets. As you might imagine that was influenced by the bombings in Boston where folks were using shoelaces and whatever else they could find. A guiding principle of managing external hemorrhage and progressive hypovolemia / shock is stopping blood loss rapidly and effectively. First responder access to appropriate tourniquets can have a dramatic impact.

As such, more & more law enforcement agencies now carry tourniquets in preparation for catastrophic events such as active shooters or explosions. There's even discussion about the potential value of having emergency cabinets in mass gathering areas (airports, sports venues, schools, etc.) stocked with tourniquets. Just like a publically available AED, why not consider immediate access to another medical innovation that's easy to use and could dramatically impact survivability.

Sad that we have to think about things like that, but it's also a good thing that public health, public safety and law enforcement are thinking through potential scenarios and exploring appropriate protection.

I ran into a friend of mine at the Austin Airport this week who's a Sargent in the Austin Police Department. As we were talking, he reached into his cargos and pulled out his recently issued tourniquet. His suggestion was that they just attach a second cabinet to the AED and stock it with appropriate tourniquets (while we're at it, how about Narcan – That's another topic of discussion for another day).

By the way, thanks to Brad Cramer [AMR Clinical manager – Santa Cruz & San Benito Counties]. He was kind enough to do a literature search and determined that Lynn White has apparently never published anything on the *integumentary* system.

Thanks Brad. We knew there was at least ONE area out there… (all kidding aside, I've never met anyone in my life that's more knowledgeable about so many different things than Lynn – For example - Do you know one of the only materials Duct Tape doesn't hold well?)…

Maybe they need to change their protocols?

I ran across an interesting sign in my travels today. It's even creepier to have a yellow utility truck there.

I just don't want to know…

Stanislaus Heart Rescue …

Stanislaus Heart Rescue, led by Mike Corbin and his AMR colleagues, spent 10 days at the Stanislaus County Fair and trained 1166 fair goers in compression only CPR. They partnered at the fair with their local hospital, Emanuel Health and had booths next to each other…

In addition to the Fair, they've also trained 1500 kids in compression only CPR in the school district.

By the way - They have 19 survivors to date this year (impressive) and they're working on movie trailers to increase awareness of SCA and promote compression only CPR.

One of the things that stands out with Mike and his colleagues (as with many of you) is not only making a HUGE impact on morbidity and mortality in the community, *you're having fun doing it* (HR has asked that none of us make any comments about his family – Mike is the third from the left in case you can't tell)...

Hats off to Mike and all his colleagues and healthcare system partners. Strong work. Particularly because you make a difference and have a blast while doing it.

Congrats to Dr.s Bogucki, Carter & colleagues – Yale / New Haven

As many of you are aware, CMS has established the CMS Innovations Center as part of the Accountable Care Act – The purpose of the Center is to encourage and fund innovative approaches in managing challenging healthcare problems. A federal health "skunkworks, of sorts.

On July 9th, the Secretary of Health and Human Services announced the prospective awardees selected to test innovative care models designed to deliver better health care and lower costs under the Health Care Innovation Awards program. The program uses specially trained Paramedics to help manage elderly, mobility impaired patients at high risk for falls (a major cause of morbidity & mortality in this population).

Here's the description of the project from CMS:

YALE UNIVERSITY
Project Title: Paramedic Referrals for Increased Independence and Decreased Disability in the Elderly (PRIDE)
Geographic Reach: Connecticut

Estimated Funding Amount: $7,159,977

Summary: Yale University will test a model targeting elders and others with impaired mobility who contact 9-1-1 for falls or lift assists but choose to remain at home. Emergency Medical Services providers are trained to perform enhanced evaluations during the initial 9-1-1 call. Paramedics are trained to make follow-up visits to perform detailed risk assessments, home medication reviews, and referrals to primary care doctors and skilled home services. The expanded paramedic workforce with advanced training is a community-based resource that will improve care coordination and health outcomes for elders staying in their homes.

Pilot studies have shown that similar interventions decrease repeat ambulance transports, reduce inpatient hospitalizations, and lower health care costs. Because lift assist patients share many risk factors, such as advanced age, cognitive and physical disability, limited mobility, social isolation, and polypharmacy, with patients who fall, the program's community interventions are modeled after evidence based fall prevention strategies.

The program, which begins in September of 2014, will assist elders and others with impaired mobility who contact 9-1-1 for falls or lift assists, but choose to remain at home. The aim is to decrease repeat ambulance transports, reduce inpatient hospitalizations, and lower health care costs.

It's really encouraging to see more prehospital funding for innovation from CMS. *Hats off to Yale*.

A dad's pride…

I hope you don't mind that I occasionally throw in a story about my kids. Sometimes they do things that remind me of some of the tough parts about growing up and how we felt at the time. In a way, it really does reinforce how things change over time and with experience (a version of the platinum statement – "One day, you'll have kids of your own – Then you'll see what I mean").

I want to share something with you tonight that just made my whole week …

My oldest son, Harrison, got a summer job as a Lifeguard with the City Aquatics Division. While he wasn't real thrilled with the idea of the job and the associated training initially, there's something about being in a bathing suit, tanned, in charge and with a cool pair of Ray Bans that eventually click with 16 year old boys… Gosh. I don't know what that could possibly be.

So this past Monday was his second day on the job. He called me and asked if I "had a minute to talk" (a phrase that evokes the exact same catecholamine surge as the word "oops" in the OR).

Apparently, as he was watching the pool, a young girl slipped off the lily pad floaty things and into the pool.

If you're involved in emergency care, I think the things he described next will probably sound very familiar.

While he wasn't sure the girl was truly in trouble (they didn't cover exactly what that might look like in the class), he said her facial expression didn't look right – she had the look of panic.

When he was describing the scenario, he said he just had to make a decision and decided to jump in. He wasn't sure but thought it was the better thing to do it.

Good choice #1.

He quickly swam to the girl, lifted her out and put her up on the edge of the pool. Her mom came over and was very thankful.

As he got out of the pool he described how odd he felt. He said his hands were shaking and he felt sick to his stomach.

I remember that feeling all too well. The early resuscitations, intubations, art lines – an occluded ET tube.

Your hands shake. You get sick to your stomach.

And then he said his supervisor warned him that he forgot to blow his whistle to alert the other Guards before he jumped in the water.

Just like his dad who entered unsecure scenes or forgot to radio a location prior to entry.

And finally, it all came full circle when he told me his Supervisor came up to him when he was back in the stand and said he wasn't done until he filled out the incident report and got the parents to sign the statement.

Hmmm. Where have I heard that before?

I was extraordinarily proud of him as he described all his feelings and frustrations. I think he felt like he did something wrong or he wasn't cut out to be a Lifeguard. His second-guessing was palpable.

To the contrary, it's part of a complex rite-of-passage anyone involved in emergency care goes through. While we may all grow out of the intensity (and we should), I hope we never forget the importance of what we do. My son reminded me of that Monday.

Epilogue…

Ladies, the best way to a man's heart is through the fifth left intercostal space at the midclavicular line.

I'll miss the next couple of Fridays for a little time off. But, that's it from my world. *Happy Friday.* As always, thanks for what you do and how you do it…

Stay cool.

Ed

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