

# Friday Night [under the] Lights... 2015



*Happy Friday.*

... And Happy 2015. According to Chinese astrology, 2015 is the year of the Sheep (Goat).

In case you didn't know, the Sheep (Goat) is a Yin energy, a symbol of peace, harmonious co-existence and tranquility. According to Astrologers, the emphasis will be on joining forces in order to fight challenges and brewing conflict. *"With the planet Saturn into the sign Scorpio and the planet Pluto in its long stay in the sign Capricorn, there will be greater concern with structure, getting back to basics and using greater intuition to find solutions to problems that have been plaguing the world for some time"*.

(I feel like we should all break into a chorus of the Dawning of the Age of Aquarius" ...).

While I'll be the first to admit I'm not really in tune with my astrological self (Libra, by the way), I do like the reference of getting back to basics and using greater intuition to solve problems. I also can appreciate the power and emphasis of joining forces. Saturn and Pluto (not a planet, by the way) will do what they have to do.

That said, I always appreciate January 1<sup>st</sup> – It's a nice launching point for new initiatives fueled by an energy that only seems to prevail at New Years. There is this sense that the New Year is the start of the race. *A new race*. That's why I'm SURE I've lost a little weight today. THIS year, I'm REALLY going to pay close attention to my diet and take better care of myself.

Hopefully, the Goat will help me out a little.

Kidding aside, the New Year always has this magical sense of beginning. The energy is powerful. I think it allows us to reset and focus our energy on things that are important to us (did I tell you how much weight I probably lost today?).

The New Year is also a good time to turn around and take a look at last year. It's healthy to glance in the rear view mirror and reflect on what we're really proud we accomplished, what we wish we did a little better at and what we would do differently the next time around.

I did just that the past few days.

Here's my take on 2014...

### **What I'm really proud we accomplished.**

As the largest EMS practice of medicine in the United States, I think we turned a really important corner last year. Culturally, we chose to align ourselves with the overall healthcare system. Sure, EMS is healthcare, but we collectively worked on earning our reputation as a credible healthcare player recognized for our efforts to provide care in accordance with the IHI Triple Aim – Improved health, improved experience and lower costs. Not just a transportation service. Not just an “ambulance company”.

I remember a Deloitte consultant asking me almost three years ago whether we were an *organization that transported sick people* or we were an *organization that provided mobile healthcare*.

I thought she had lost her mind.

Really? Someone actually pays you to ask silly questions like that?

But the question became one of the most important questions I've pondered in years.

If we were an organization that transported sick people, all our efforts should focus on movement. Transport. Nice ride. Fast.

But if we provided mobile healthcare, all our efforts should focus on what we could do to decrease morbidity and mortality – evidence-based methodologies to managing acutely ill and injured patients and a comprehensive approach to the “how” of what we do. If our mission is to provide mobile healthcare, it must by definition include the transportation decision making.

So together, we decided to focus on our patients and look beyond response intervals and traditional measures of EMS.

I feel like last year, we started collectively thinking and acting like our colleagues throughout healthcare. Together we developed programs to manage patients more effectively and not just pay lip service to it, but prove it with data.

I think we did a really nice job of becoming much more transparent with our performance metrics. Thanks to the collective work of the MEDS team, the Regional and Local Clinical leaders and Ryan Mayfield, our guru of all the Good, the Bad and the Ugly, we were able to take a hard look at our performance and compare ourselves with each other.

As a side note, Ryan gave me a glimpse at some of our 2014 data.

### **Pain**

- Percent of pain patients with 2 or more pain scales documented has risen by 472% in a year. (Currently at 84%)
- Percent of patients with decreased pain has risen by 234% in a year. (Currently at 22%)
  - January 2014 - 3800 patients with pain decrease
  - November 2014 - 8900 patients with pain decrease
  - 57,000 patients with pain decrease this year.
  - Chest Pain patients – Currently 40% (about 4000 patients a month) have pain decrease.

### **Respiratory**

- 33% increase in EtCO2 use on patients with assisted ventilation. (Currently 52%)
- 90% of successful intubations have EtCO2 monitored

### **Major (significant) trauma**

- Percentage of patients who are physiologically better after EMS treatment has increased 31%. (Currently 52%).

### **Use of the Performance Improvement Tool (PIT)**

- Linkage to the PIM completed in November 2014.
- Number of operations utilizing the PIT has increase 57% between January and December. (Currently 80 operations.)
- 226% increase in calls being reviewed since January (but it is still only 3% of calls).
- Highest percentage of calls being reviewed is cardiac and respiratory arrest, each approximately 32%.
- Operations who utilized the PIT to review the “Other” Primary Impressions had a 44% decrease while operations who did not utilize the PIT had a 35% decrease.

### **EMSCAHPs Survey initiative (patient satisfaction)**

- 37,000 survey forms from 18 AMR sites. With an average response rate of about 15%,

I’ll go into more detail in the next several weeks, but this is the kind of data and transparency that demonstrates our collective commitment to our patients and communities.

And how important is transparency to us in today’s world of medicine? It’s important enough that we provide all our cardiac arrest survival rates in responses to RFPs - *All our data* – just like our partners in healthcare. There is no more powerful way to walk the walk.

Another thing I was extremely proud of in 2014 was the AMR response to the emerging Ebola threat. From the initial case on September 30 to our national approach and readiness plan, I am amazed at how focused we became, how quickly we mobilized our response and how well all the moving parts and areas of expertise came together.

I'm glad the US didn't see more cases during the initial wave. While Ebola is still a challenge in West Africa, the current US surveillance system is working well and is organized and integrated. I can say, without a single doubt, that we stand ready to manage any potential patient in any Practice at any time. My personal gratitude to everyone that made that nightmare their priority...

I'm proud of the fact that we were able to (once again) train more people in Compression Only CPR in one day than any other single event in the US. Thanks to the hair-brained idea by Doug Petrick several years ago that became a reality, the men and women of AMR passionately pulled together in all sorts of innovative ways to share the art & science of resuscitation with our communities. We trained almost 60,000 people in one day.

Impressive.

Even more impressive are our cardiac arrest survival numbers. While we won't have audited data for 2014 for a couple of months, our 2013 survival was almost 10% greater than the national average.

Accountability. Data driven approaches. Measuring and benchmarking our performance. A rapid development and deployment for Ebola. A tremendous international effort to increase the CPR army – There is no way we could have realized these successes without everyone being a part of the change.

2014 was a great year for AMR Medicine. My personal thanks to every single one of you that helped move the bar. It's not easy, it takes work and it's often frustrating but it's always worth it for those that need us.

*Always.*

Just ask Captain Mike Rose from the Spokane (Washington) Fire Department (pictured here with his wife, Sheryl).



Two years ago, Mike and his colleagues attended the Spokane Resuscitation Academy, spearheaded by Cathy St. Amand [Spokane AMR] and her colleagues.



The well-attended day-long seminar sponsored by AMR's Medtronic HeartRescue grant was tremendous.

As a matter of fact, here's what I wrote about that conference in the March 23, 2013 FNuL:

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).

I had the honor of doing the closing presentation that day. I tried to figure out a very graphic way to demonstrate the importance of a "Resuscitation Village" – essentially how important it is for everyone to be in synch, focused and a part of the ever-important "Chain of Survival".

To create the visual, I asked the group to walk through an arrest and identify all the players that were needed to maximize the chances for a positive outcome.

As we talked about the arrest event, I asked someone to come forward to "represent" each individual involved. The witness – the caller – 911 operator – 1<sup>st</sup> responders – educators – transport medics – ED physician – ED nurses – Critical Care – Cardiologist – you get the gist.

After we had about 30 people up front, I asked the audience if we missed anyone. No one had any specifics, but I added one more person as an "all other" position.

I pointed to someone in the audience and he graciously came forward (there were almost more people up front than left sitting).

That someone was Mike Rose.



The next day, I learned that Mike and his crew had returned back to the station after the conference and had just completed a medical call.

Even though Mike had a separate bunk area as the Officer, he stayed in the main station area that night.

A little while later, Mike was discovered by his colleagues pulseless & apneic. They initiated resuscitation, including implementing the nuances discussed at the conference that day.

Fortunately, thanks to the tremendous job done by his colleagues in Spokane Fire, AMR and the physicians & nurses at the hospital, Mike did extremely well. Today, he is a vocal & powerful advocate of CPR (as we all should be).

I appreciate Mike allowing me to tell this story & I appreciate his commitment to his community and his very personal messaging about the importance of CPR.

It's also a very personal reminder to me about the importance of commitment to the evidence and the importance of transparency and the Triple Aim.

He represented "all other" better than I ever could. Thanks to Mike and thanks to Cathy and all her colleagues.

It really does work.

## Like Mother, Like Son...

I just love this story.



The young man in this picture is Lt. Matt White – Son of our very own Lynn White [AMR National Director of Resuscitation]. In October, Matt and his fellow soldiers were featured in a series of Washington Post articles by Richard Johnson.

The articles are really good reads (with some great sketches).

<http://www.washingtonpost.com/news/drawing-dc-together/wp/2014/10/10/the-last-patrols/>

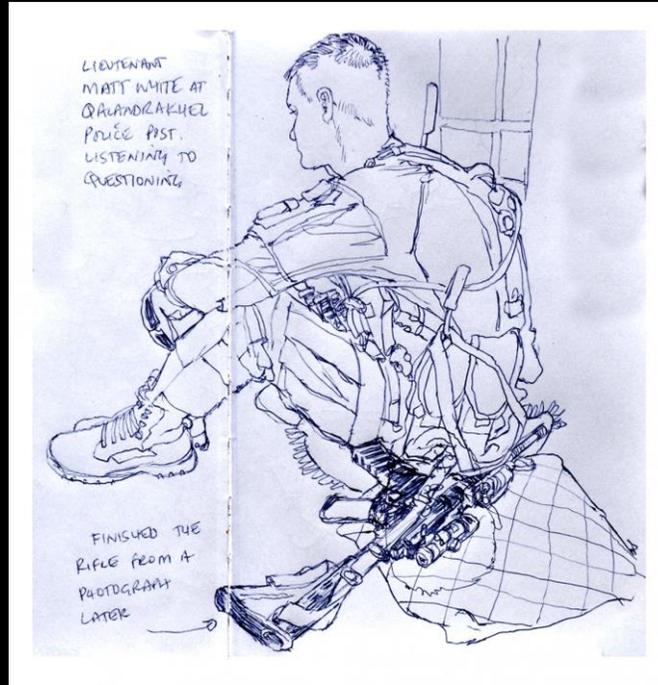
<http://www.washingtonpost.com/news/drawing-dc-together/wp/2014/10/02/sleeping-dogs-and-all-that/>

Johnson writes:

*"I spent a couple of days foot patrolling with the Apache Troop (3rd Platoon), 1st Squadron, 75th Cavalry Regiment, from the 2nd Brigade Combat Team, 101st Airborne Division (Air Assault). Their mission, in their own language, is "area reconnaissance to confirm or deny enemy activity." So they are scouts basically who leave the base every day to go out to where they think the bad guys might be in order to find out whether they are there for sure. And if they also manage to disturb or disrupt enemy operations – in this case to stop rockets from raining down on Bagram Airfield in Afghanistan – then so much the better.*

*Apache is split into three platoons. The 3rd Platoon leader is Lieutenant Matt White, a tall, rangy-looking fellow with a wry sense of humor and a story for every occasion. Not all of them fit for print. He has a casual air of command of his guys but is obviously well bonded with them. We chatted in the shade of a rumbling MRAP while his men staged weapons and food and water for the day's outing — a three-day supply for the 12-hour mission. Just in case.*

... Apache Troops' Task Force Scouts continue to stick their necks out every day like this to keep the base safe from attack. Just before we all climbed back into the trucks Lt. White repeated an old adage to describe their seeming successful scout work, "It is like that old story of the guy who jumped out the 20-story building and at each floor on the way down as he fell he shouted 'OK SO FAR.'"



Matt, like all of our Military Protectors, spend their days and nights in unimaginable circumstances so that you & I can live free and safe. I don't even know how to appropriately express the gratitude they deserve.

Now...

Here's where the story gets really, *really* cool.

Remember a few months ago when we talked about the Evidence Based Guidelines for External Hemorrhage Control published in Prehospital Emergency Care?



Lynn White (Matt's Mom & our Queen of Resuscitation) participated in that consensus process and was a co-author on the paper. Much of what we know about hemorrhage control comes to us from the battlefield experience. The article has stimulated a good amount of discussion about EMS management of blast injury and active shooters.

So...

See the red thing on Matt's upper right shoulder?

That's his tourniquet. The simple, yet extraordinarily effective tool for control of external, compressible hemorrhage.

One of the interventions detailed in mom's paper.

*Like mother, like son...*

## Epilogue...

Sometimes, I get these little "gifts" for the Epilogue. Last week, we were driving to see relatives in New York when we passed this exit on the Interstate.

Maybe it's my medical background. Or maybe my mind plays tricks. But I just can't see living off of Exit 298...



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So that's it from my world. *Happy Friday. And, happy New Year.* As always, thanks for what you do and how you do it...

*Ed*

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