Friday Night [under the] Lights… 2015

Happy Friday.

I bet you don't know what day it is today…

It's National Drive-Thru Day, of course. It was established in 1951 to recognize the idea of a new approach to creating convenience in the fast food world. *It's one of my favorite holidays of the year.* As a matter of fact, I'm sure my kids think it's a Federal Holiday equivalent to Thanksgiving and Independence Day…

By the way, do you know which fast food franchise established National Drive Thru Day??

Speaking of Independence Day…

Remember our discussion of the risks associated with fireworks on the 4th of July?

As a brief refresher, July 4th is the most common day for fireworks related injury (just like more people choke on turkey on Thanksgiving Day than any other day of the year).

One of the ways organized medicine makes an impact on preventing certain diseases or injuries and improving outcome is to track the frequency and work to understand risk factors and causation. The reason we wear seatbelts (and one of the reasons morbidity & mortality have decreased from motor vehicle crashes) is because the data showed that mortality was much higher in unrestrained passengers involved in a MVC. That led to better engineering (think "ding, ding, ding" and the little red flashing person seatbelt icon on the dash) and laws that require seatbelt use. The positive impact has been substantial.

While it makes good sense clinically, not all approaches to managing identified health concerns are as openly accepted.

Good examples of more controversial approaches include mandating motorcycle helmet use, smoking bans and prohibiting the sale of ultra-large "Big Gulp" soft drinks to combat obesity.

What is agreed upon though, is that collection of the data allows the discussions to occur. As hard as the potential solutions may be, the data asks the question.

So what does this have to do with the 4th of July?

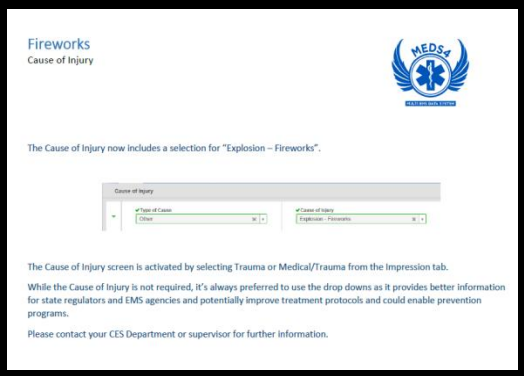
If fireworks injuries are a major health problem seen on this holiday, EMS should be collecting data – That data will help us better understand the magnitude of the problem and develop strategies as a profession to decrease the incidence and improve outcome.

In short, it adds science to "Hey – Hold my beer. Watch this."

Thanks to our MEDS Team, they added a specific field in MEDS for **Cause of Injury** to identify those events directly related to fireworks.

So, you might say – whoopdy-doo. More work for us – why does it make any difference?

As we continue to define and differentiate ourselves as a mobile practice of medicine, and not just an ambulance company, efforts like this help advance the profession, improve our care and adds science to help clarify what may only be perception.


Fireworks
Cause of Injury

The Cause of Injury now includes a selection for "Explosion – Fireworks".

The Cause of Injury screen is activated by selecting Trauma or Medical/Trauma from the Impression tab.

While the Cause of Injury is not required, it's always preferred to use the drop downs as it provides better information for state regulators and EMS agencies and potentially improve treatment protocols and could enable prevention programs.

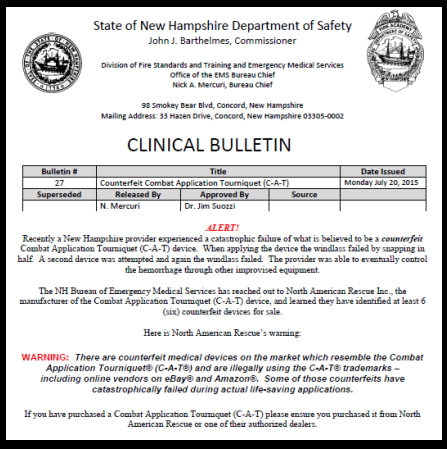
Please contact your CES Department or supervisor for further information.

One more way to walk the walk…

Used feeding tubes and other clearance medical equipment on eBay…

Not really. But it's a good way to grab your attention and emphasize a point.

Thanks to Jeff Boyd [AMR East Region Clinical Director] for sharing a notice sent out by the New Hampshire Department of Safety:


State of New Hampshire Department of Safety
John J. Barthelmes, Commissioner

Division of Fire Standards and Training and Emergency Medical Services
Office of the EMS Bureau Chief
Nick A. Mercuri, Bureau Chief

98 Smokey Bear Blvd, Concord, New Hampshire
Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002

CLINICAL BULLETIN

Bulletin #	Title		Date Issued
27	Counterfeit Combat Application Tourniquet (C-A-T)		Monday July 20, 2015
Superseded	Released By	Approved By	Source
	N. Mercuri	Dr. Jim Suozzi	

ALERT!

Recently a New Hampshire provider experienced a catastrophic failure of what is believed to be a ***counterfeit*** Combat Application Tourniquet (C-A-T) device. When applying the device the windlass failed by snapping in half. A second device was attempted and again the windlass failed. The provider was able to eventually control the hemorrhage through other improvised equipment.

The NH Bureau of Emergency Medical Services has reached out to North American Rescue Inc., the manufacturer of the Combat Application Tourniquet (C-A-T) device, and learned they have identified at least 6 (six) counterfeit devices for sale.

Here is North American Rescue's warning:

WARNING: ***There are counterfeit medical devices on the market which resemble the Combat Application Tourniquet® (C-A-T®) and are illegally using the C-A-T® trademarks – including online vendors on eBay® and Amazon®. Some of those counterfeits have catastrophically failed during actual life-saving applications.***

If you have purchased a Combat Application Tourniquet (C-A-T) please ensure you purchased it from North American Rescue or one of their authorized dealers.

The warning notes the identification of counterfeit Combat Application Tourniquets (CAT) that failed during application. The results could obviously be catastrophic.

While we have not had any failures in any AMR Practice, it's an unfortunate (and important) reminder of the importance of equipment research & selection and appropriate oversight (not to mention the value of collecting data).

Its things like this, by the way, that always remind me of how fortunate we are to have an active, engaged and alert national procurement team. Val Gaither, David Twiss and their colleagues have always done so much more than just keep the shelves stocked with the clinical tools we need. They are tremendous watchdogs who have the ability to monitor usage and challenges related to clinical equipment that we might never have been aware of had they not discovered it, whether it's a usage issue, failure or FDA recall. They're constantly watching what's going on nationally.

When something goes bump in the night or they become aware of any clinical product failures, they push the big red button for clinical to take a look.

It's one of the huge advantages to a standardized, centralized process…

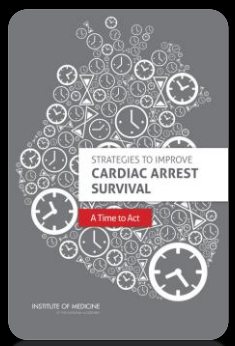
And, just so you rest comfortably, David has assured me that any used endotracheal tubes we get off of eBay will be tested on Scott Bourn first…

The Institute of Medicine publishes report on management of cardiac arrest

The Institute of Medicine just released the results of a comprehensive analysis on the current status of, and future opportunities to improve, cardiac arrest treatment and outcomes in the United States. The landmark report examines the complete system of response to cardiac arrest in the United States and identifies opportunities within existing and new treatments, strategies, and research that promise to improve survival and recovery of patients (you can access the entire report at: http://iom.nationalacademies.org/Reports/2015/Strategies-to-Improve-Cardiac-Arrest-Survival.aspx).

The report emphasizes both the art & science of developing an integrated system to manage patients with sudden cardiac arrest.

Key points in the report include:



1. Establish a national registry of cardiac arrest in order to monitor performance in terms of both success and failure, identify problems, and track progress. As you know, we strongly support CARES as the national registry for EMS. AMR practices have used CARES data successfully for many years to measure survival rates and to inform quality improvement work.

2. Enhance performance of EMS systems with emphasis on dispatcher- assisted CPR and high-performance CPR. Both high performance CPR and dispatcher-assisted CPR are priorities for AMR. We actively support collaborative high performance CPR training sessions that include both first responders and transport agencies. Numerous AMR practices monitor actual CPR quality using CPR analytic software, and many of our dispatch centers review their 911 Cardiac Arrest calls to ensure quality and as an improvement tool.

3. Develop strategies to improve systems of care within hospital settings and special resuscitation circumstances. AMR is involved at the local, state and federal levels to inform and support strategies for improving resuscitation systems of care, and is also working as a Heart Rescue partner to ensure that each community optimizes its resources for SCA patients.

4. Expand basic, clinical, translational, and health services research in cardiac arrest resuscitation and promote innovative technologies and treatments. AMR crews care for about 25,000 cardiac arrest patients each year, making AMR the largest single sources of prehospital cardiac arrest data. AMR agencies have participated in multiple cardiac arrest research protocols including some of the ROC studies and have shared data with other external resuscitation researchers.

5. Educate and train the public in CPR, use of automated external defibrillators, and activating the EMS system. AMR takes special pride in the high rate of bystander CPR in its communities. We strive to train as many lay persons as possible in AED and CPR and we hold a one day AMR CPR World Challenge each year. In 2015, the AMR CPR World Challenge trained 67,046 individuals in compression only CPR in one day.

6. Create a national cardiac arrest collaborative to unify the field and identify common goals to improve survival. AMR is committed to participating in a national collaborative and to contributing as much as possible from our experiences and improvement processes.

As a profession, we still have much work to do to improve neurologically intact survival from Sudden Cardiac Arrest. Our collective efforts are making a substantial difference. The IOM Report reminds us of those things that make us stronger and help us win even more of these battles.

I can't say it too often – I am truly proud of what we have been able to accomplish. Our successes *literally* change the lives of thousands of people every year…

WTH…

So… Today I present to you three What The Heck's that I actually captured myself. I had a meeting in downtown Austin this morning with one of our newest physician colleagues (Dr. Paul Hinchey who will join the Evolution family in September) - along my travels, I passed these three "WTH worthy" oddities…

First, while I appreciate Keeping Austin Weird, I'd prefer not to purposefully buy a weird house ("this is really nice – Is that a toilet or a sink?")…

My next WTH moment was literally right up the street. "Hi. My name is Ed. Just calling to explore some options to invest my money. You all feeling good today or would it be best for me to touch base later?"…

And finally, I have no earthly idea about this one – either one of the best car jokes I've ever seen or an excellent way to keep people from putting those annoying flyers under your wiper…

(Not really sure what that brown stuff is by the rear wheel but I didn't get any closer).

Yikes.

Epilogue…

Husband's Text Message to Wife:

Honey, I got hit by a car outside the office. Paula brought me to the Hospital. Doctors presently doing tests and taking X-rays. Severe blow to my head but not likely to have any lasting effects. Wound required 19 stitches. I have three broken ribs, a broken arm and compound fracture in the left leg. Amputation of the right foot is a possibility. Love you…

Wife's Response:

Who the hell is Paula?

That's it from my world. *Happy Friday.*

As always, thanks for what you do and how you do it. And remember to celebrate National Drive-Thru Day today as you swing by your neighborhood Jack-in-the-Box, the originator of the Day and widely viewed as the nation's original Drive-Thru burger joint…

Ed

Edward M. Racht, MD
Chief Medical Officer
American Medical Response
ed.racht@evhc.net