



# Friday Night [under the] Lights...

## 2016

*Happy Friday...*

And Happy Birthday Abraham Lincoln (did you know that?)...

... *And, of course, Happy Almost-Valentines-Day.* As a safety precaution, if you don't have your special gift for your special someone yet, I suggest you immediately close this pdf and get out and get something.

Do it now. Don't risk another year of Walgreens Heart Candy... Go. Run.

I found some interesting facts about Valentine's Day. Did you know:

- 73% of people who buy flowers for Valentine's Day are men, while only 27 percent are women (while at face value this may seem unfair - before we rebel - we might want to reflect on whether that needs to be changed or not).
- About 1 billion Valentine's Day cards are exchanged each year. That's the largest seasonal card-sending occasion of the year, second only to Christmas.
- About 3% of pet owners will give Valentine's Day gifts to their pets (really – do they spend time picking the right card?).
- During the late 1800s, postage rates around the world dropped, and the “obscene” St. Valentine's Day card became popular. As the numbers of racy valentines grew, several countries banned the practice of exchanging Valentine's Days cards. Also, during this period, Chicago's post office rejected more than 25,000 cards on the grounds that they were so indecent, they were not fit to be carried through the U.S. mail (of course, no one from the Post Office reads your mail...).



And finally... 64 percent of men do not make plans in advance for a romantic Valentine's Day with their sweethearts. Unbelievable. Shame on all of you.

However – it's not as bad as it seems because 15% of U.S. women send themselves flowers on Valentine's Day. What a relief...

I opted to get my wife some special candy this year – a little more personalized than in the past. Trust me. Spouses really appreciate you going the extra mile to notice something unique about them and incorporate it in your gifts ...



That's why I'm always up for Husband of the Year...

◆ Follow up from last week - Zika ... ◆

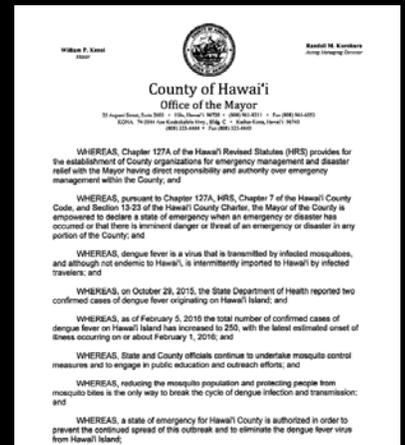
Thanks for all the discussion and follow up after last week's FNuL. I want to expand add a couple thoughts.

First – on the **Zika Virus** issue - at this point, there is no specific action that we need to take as EMS Providers that differs from exactly what we do today (Universal Precautions). There is no need for different PPE, Isolation tools or different screening activities. It is important (as we approach Spring) to be much, much more attentive to preventing mosquito bites. Remember that the vector of disease is the mosquito – Controlling mosquitos controls virus spread.

Since we discussed this last week, there is also some new concern that there may be cases of Guillain-Barré syndrome (GBS) associated with Zika. GBS is an uncommon sickness of the nervous system in which a person's own immune system damages the nerve cells, causing muscle weakness and, sometimes, paralysis. CDC is studying if Zika infection is possibly related to GBS (and microcephaly).

Here's an interesting (and pertinent) side note. 4 Days ago, the Mayor of Hawaii County (on the Big Island) declared a State of Emergency due to over 250 cases of Dengue Fever.

Dengue fever is very similar to Zika virus and is transmitted by the same mosquitos that transmit the Zika virus. Public health and sanitation efforts target both.



It's important that all of us in EMS keep up with stuff like this. Remember, the direct risk to EMS from these diseases is really minimal. However, as part of the public health infrastructure, it's our responsibility to stay informed about diseases that impact the communities we serve.

Plus (and this is such an important aspect of what we do)... The public isn't as informed as we are – and diseases like this scare them. They watch the nightly news, develop a simple upper respiratory infection and – BINGO - they've developed the dreaded Zika catastrophic illness.

It's really nice to provide facts, comforting reassurance and help people understand the realities of what's going on. It's a good reminder for us that we should never underestimate not only our ability to save lives, but the impact we can have by providing reassurance and comfort.

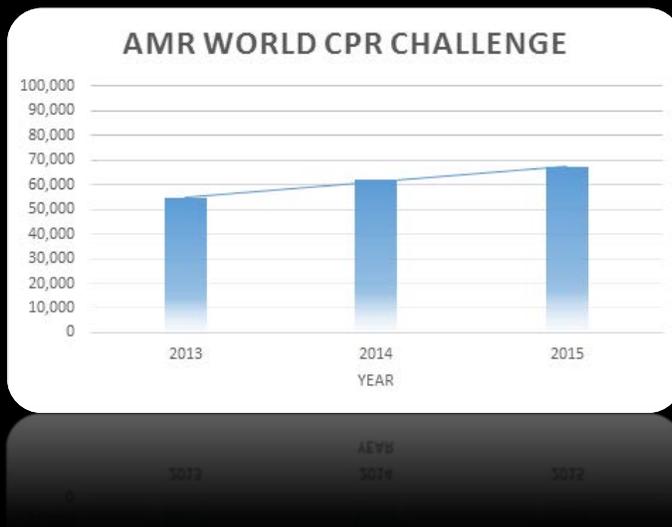
*In medicine, it's known as a bedside manner...*

◆ **Time to think way outside the box to increase survival even more...** ◆

The 4th Annual AMR World CPR Challenge is coming up this year on Wednesday May 18, 2016 (During EMS Week).

The goal of the one day event is to train as many individuals in compression only (bystander CPR) as possible in one single day. Gazillions.

Take a look at our numbers from the past 3 years...



That's 183,814 people trained in the past 3 years.

The more we understand about cardiac arrest and resuscitation, the more we realize the importance of providing immediate CPR as quickly as possible. In practicality, that's almost always CPR provided by the lay public.

Improving their ability (and comfort) in providing chest compressions will have a significant positive impact on neurologically intact survival (double or triple their chances).

We're going big this year.

Not only do we have all of our new Rural Metro colleagues and the communities they serve, there are some innovative ideas to add even more players. To participate in the event, all you need to do is to train bystanders to provide compression only CPR, keep a count of those trained and report it via our reporting website below. How you choose to do the trainings is up to each of your operations or communities.

Some details to help guide your creative juices...

- CPR Anytime Kits (available from the AMR procurement program) provide instructional video and a mannequin that you can reuse-if you blow it up with a pump rather than your mouth! Any mannequin will do and training involves simply teaching folks to act when someone is not breathing: call 911, push hard and fast on the center of the chest. Remember – Our effort is to promote chest compressions and encourage people to act.
- To count as a training, individuals should perform a round of compressions on a mannequin and learn what the rate of 100-110/min feels like (to the beat of Stayin' Alive by the Bee Gees).
- Over the years we have learned that it is very successful to go to where the people are (versus asking them to come to you). So malls, grocery stores, schools, businesses and beaches are all good training sites. It is also appropriate to use a train the trainer model- for example train teachers and let them train their students and report the numbers back to you. Report your numbers by entering your totals for the day in the Bystander CPR Form. The form is accessible at <https://amr.net/cpr-training-results>

So, is this really worth the effort? The 26,100 healthcare providers in the AMR Family believe it is – and we have the cardiac arrest survival data to prove it...

So – what are you and your colleagues planning? Get ready. This is one of those great efforts where we can *make a huge difference and have a blast doing it...*

### ◆ Colorado Springs AMR honored... ◆

The Mayor of Colorado Springs, John Suthers, presented the **Spirit of the Springs** Award to our colleagues in Colorado Springs AMR for their actions during the Planned Parenthood shootings in November.





Images like the one above always remind me of two things...

- When the “stuff” hits the fan, we’re ready to selflessly take care of business...

- It means a great deal when the public says *thanks* like this. We have to earn our commitment and events like this validate just that.

It really makes me proud. I’ve said it before – I wish this stuff never happened in the first place, but when it does, I’m glad we’re there to take care of the people that trust us to do just that... It’s a privilege few have...

#### ◆ **Help support appropriate reform for use of controlled substances in EMS** ◆

Have you heard about the “Protecting Patient Access to Emergency Medications Act of 2016” (H.R. 4365)?

The Bill was filed last week and it clarifies that the current practice of physician medical directors overseeing care provided in the field by paramedics and other EMS practitioners via “standing orders” is statutorily allowed and protected. The key clarification is the use of “standing orders”.

There’s been some debate and lack of clarity and consistency regarding the use of “standing orders” (aka protocols) for administration of controlled substances in EMS when indicated and appropriate. The use of “standing orders” is necessary so that physician medical directors can establish these pre-set protocols for EMS practitioners to follow in delivering appropriate field EMS care.

One of the most valuable concepts in an EMS system is the ability of a trained and capable Medic to use his / her education, background and experience to assess patients and implement an appropriate plan of care. By using “standing orders” specific medication can be given in clearly defined circumstances to improve the patient’s condition.

Accordingly, H.R. 4365 ensures patients will continue to receive these vital medications by:

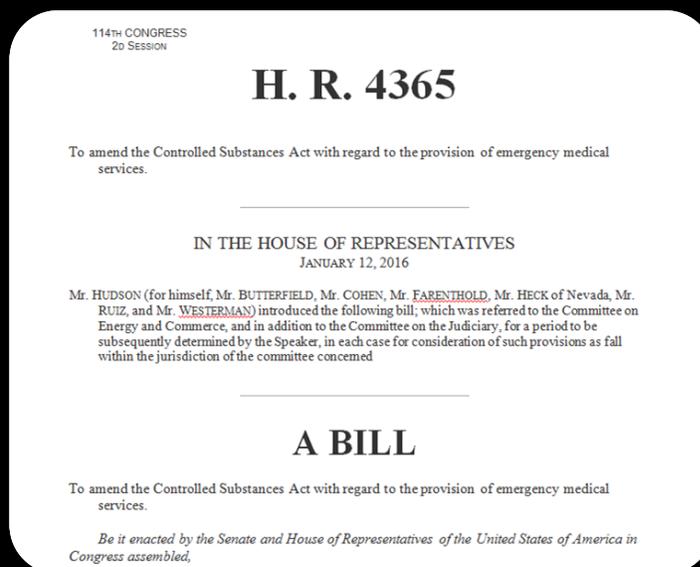
- Codifying the practice of standing orders by a physician Medical Director for the administration and delivery of controlled substances, maintaining physician oversight of medical decisions, while,
- Making the EMS Agency liable for the receiving, storing, and tracking of controlled substances, similar to current procedure at hospitals.

This is a good Bill for everyone involved in EMS at every level – Patient, provider, EMS Agency and Medical Director. It creates clarity and ensures accountability.

I'd urge you to support the Bill by letting your elected official know. If you're an Envision Healthcare employee, you've received a Call to Action notice that makes it really easy to send a note of support. If you're outside, please contact your appropriate Legislator and let them know you support the Bill.

I don't do this very often but this one really has significant value for our patients, our Practices and the communities we take care of.

*Thanks...*



◆ **A glimpse at the World of AMR** ◆

*Tonight I have two glimpses into the World of AMR...*

The first is our AMR Team for Super Bowl 50. Our new Rural Metro Santa Clara County colleagues provided coverage for the grounds during the event...



The second comes to us from Aloha Stadium during the 2016 Pro Bowl coverage we provided during the game...



And remind me again why they call this “work”?

◆ WTH? ◆

Tonight’s WTH is also a two-fer. The first is courtesy Josh Rose [AMR National Director of Innovative Practices] from a recent trip to Nawlin’s ...



The second is a little lesson I learned today on a Conference Call with Joan Mellor [Our new Evolution Health VP of Organizational Experience, Planning & Development and longtime friend and supporter of EMS and Systems of care].

As we talked about, today is Abraham Lincoln’s birthday.

Joan relayed one of his more interesting quotes:

*“Every person is responsible for their own face after 40”.*

I wish I’d known that a while ago...

## ◆ Epilogue ◆

Two boys were arguing when the teacher entered the room.

The teacher says, "Why are you arguing?" One boy answers, "We found a ten dollar bill and decided to give it to whoever tells the biggest lie."

"You should be ashamed of yourselves," said the teacher, "When I was your age I didn't even know what a lie was."

The boys gave the ten dollars to the teacher...



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

Enjoy the rest of Lincoln's Birthday. If your 39 or younger, start thinking about your face. Stock up on mosquito repellent. Think about the best way ever to train people in compression only CPR on May 18<sup>th</sup>. Write to your Legislator about HR 4365.

And go get something nice for the one you love (even if it's your Schnauzer)...

*Ed*

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