



Friday Night [under the] Lights...

2016

Happy Friday...

I know I don't say this enough, but I want to tell you thanks for taking the time to read (or even skim) FNuL when they hit your inbox. With as much as everyone has on their own plates, I really do appreciate all the kind responses and joke / WTH submissions (I estimate about 42% of submissions can be included – the other 58% would get me thrown into HR Prison for life but are nonetheless priceless). As geographically spread out as we all are, it's a really nice way for me personally to keep up with the whole "family".

So, thanks. I really do cherish what this organization and our collective profession does.

After all, other than Tow-Truck drivers, what other group of people are always ready to spring into action when someone utters that critical phrase... "Hold my beer. *Watch this*"

Or in Northern California, "Hold my wine, watch this" – Or in Colorado or Oregon, "Hold this, don't burn yourself")...

You may have noticed that I try hard to make FNuL something you WANT to read. A story, of sorts, about what's going on in AMR, Envision, EMS as a profession, healthcare and sometimes the crazy world in general. If it's easier to read or more fun, I can secretly embed important information into the discussion (see "brainwashing"). I also try and create some sort of a "theme" (I agree, that might be a literary stretch on my part...).

There's good reason to do that, by the way. Our academic colleagues remind us that *storytelling* around a central idea, plot or theme actually increases interest and enhances retention of ideas and concepts. Anthropologists tell us that up to 70% of everything we learn is through stories. Humans are programmed to seek and make sense of the world through stories.

We've loved stories since we were very, very young. We would gaze with awe into the eyes of our parents as they told us stories about things that couldn't possibly be true, but we believed them with all of our heart.

Interestingly, it's very similar to what Randy Strozyk [AMR SVP] does during Budget Discussions...

My dad the Minister was (obviously) very talented as a storyteller. He had a gift of being able to take a wide range of topics, wrap them up in a central theme and deliver a consistent message that tied everything together. He was very effective and we often didn't realize how so many things could be addressed using a single unifying concept. It was magical. Many problems – One consistent way to approach them all.

Want to avoid getting hit by lightning? Don't drink, smoke, swear, drive fast, date girls or yell at your sister (right, Betsy?).

Industry very effectively uses the concept of a unifying theme to address many topics. Think about it.

- Volvo – Safety
- Harley Davidson – Freedom
- Jeep – Adventure
- Nike – Just Do It (we are considering this as a new approach to completing ePCRs...)

So now that I've exposed one of my FNuL secrets, it makes sense that I would launch into a "theme" for tonight's chat. Something that would tie some disparate topics together in a story...

Well, it just so happens that today is the First Ever National Get Gnarly Day.

Not kidding. This past year, the Whirlpool Corporation launched a campaign to put some "gNARliness" into everything they did as a way to encourage their employees to get excited about reaching goals and solving problems. The "NAR" in "gNARliness" had special meaning, representing their North American Region. When the campaign kicked off, the employees' response was overwhelming. They wanted to unify great minds with great ideas in an effort to do great things. As a result, Whirlpool Corporation wanted to share this gnarliness by creating National Get Gnarly Day. The Registrar at National Day Calendar approved the day in June of this year. And today is the first ever National Get Gnarly Day.



What if all of us in EMS got gnarly (bad visual, I know)? What if we all unified our mind power, ideas and experience to improve the profession, the care we deliver and the way we deliver it?

It would be pretty powerful, wouldn't it? What would we do, though?

I think we would use that collective wisdom to solve the toughest issues facing our profession today. We would take what we know from the best of the scientific evidence, mix it with the most spectacular approaches to making things happen, debate the pros and cons based on our experience and come up with a practical, effective, consensus based solution that makes us better. In short, if we had national gnarly EMS day, we'd probably develop some neat new approaches to our challenging issues.

That said (here's where I try and tie in the theme – ready?) - What are the biggest, toughest, most demanding issues EMS faces today? What are the things we struggle with the most or the things that demand our attention & effort?

A physician friend of mine asked me a few weeks ago what kept EMS Docs like me up at night. I've had a little time to think about just that. I also had the privilege of co-presenting with Bruce Moeller & Bill Metcalf at Pinnacle last week. Both are highly respected career Fire Chiefs now doing consulting work on EMS & Fire systems. We had the "what's happening in the world of EMS discussion" at breakfast one morning. We compared notes on what we each felt were the biggies.

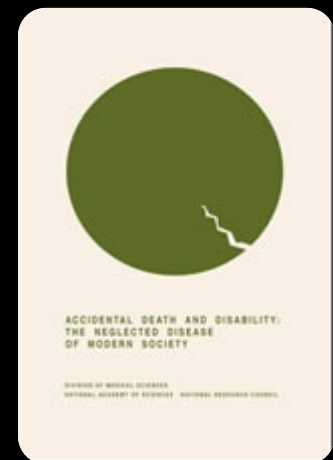
This year marks the 50th anniversary of the publication of *Accidental Death and Disability: The Neglected Disease of Modern Society*, the landmark white paper often cited as the birth of modern EMS. Who would have ever imagined we would be where we are today? The journey has been phenomenal. We're now faced with challenges that lie ahead of us as we think about navigating the next 50.

So I thought tonight I would lay out what (IMHO) the biggest challenges are that face us as an industry / profession. I base the list on things I hear from many of you and things I personally spend a fair amount of brain time on.

This is by no means the definitive list. As a matter of fact, I have an ask for you (audience participation FNuL)...

I would love to hear what YOU think the biggies are, and I know your colleagues nationally would as well. Remember, if we do develop a National EMS Gnarly Day, all of us will be working on the best ways to improve the current condition, just like Whirlpool did... Send them my way and I'll add them to a FNuL discussion...

That said, here's what I think the top 9 (yes 9, not 10) most pressing issues are in EMS today that demand our full attention on National EMS Gnarly Day...



◆ 1. Every town is now a potential war zone ◆

Tactical Emergency Combat Care principles and practice must now become a skill set of every EMS provider. We can no longer believe that the events are isolated to a particular community or situation. They can (and will) happen when we are not expecting them in places and circumstances that are difficult, if not impossible to predict.

So just like Universal Precautions (remember when we used to believe we could determine who “might” be infectious instead of assuming everyone was?) it’s time EMS develops a unified approach and philosophy for managing Active Shooter / Hostile Events (ASHE – the new terminology). We can no longer accurately predict when & where so we adopt the sound approaches of always being alert, vigilant and prepared (just like we learned to do with infectious diseases).

You’ve started hearing more details about successful efforts and preparedness for events like these. In the next few weeks, there will be more sound science and practice from an international group of clinical leaders that we’ve asked to provide expert consensus on best practices and sound approaches.

EMS has to evolve. *We plan on doing exactly that.*

◆ 2. Hemorrhage control must be a skill every lay person has ◆

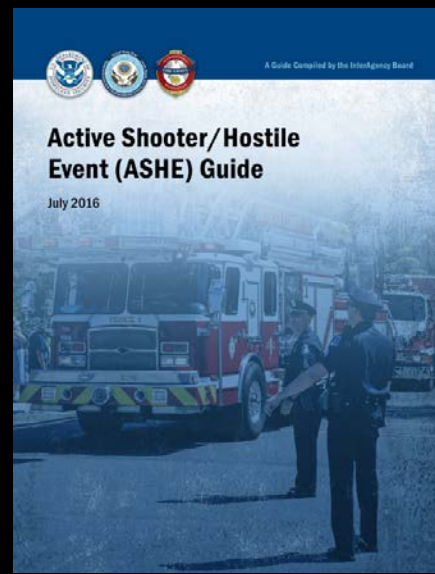
One of the most powerful lessons we’ve learned from our military colleagues is the clinical value of hemorrhage control. Just like rapid provision of CPR and defibrillation in cardiac arrest, immediately stopping rapid blood loss is literally life-saving.

With more and more community efforts to get appropriate messaging and equipment into the public arena, it’s time for EMS to formally adopt hemorrhage control as a public education mission.

It can make a major difference in survival and is an easy set of interventions that can be learned by just about anything.

I’ll pause for an interesting discussion about the evolution of public access hemorrhage control that’s really important.

Remember a few weeks ago when I showed you the picture (here) of the Public Access AED in the Charlotte Airport that included a “Stop the Bleed” hemorrhage control kit?



I had several people (including Lynn White's son - ☺) who noted the signage seemed to DISCOURAGE access to lay rescuers. Combining a big STOP SIGN and an AED may actually send the wrong message to people who are in an emergency situation about what's right to do and what's not – Excellent point for all of us to consider as these programs roll out.

◆ 3. EMS is the front line on emerging infectious diseases ◆

We've known this is the case for some time. Truthfully, the Ebola outbreak 2 years ago was a powerful event that forced changes in the way we prepare for and respond to infectious agents as we rapidly learn about the diseases, infectivity, protection, etc.

As I type this tonight, this is the Breaking News in my community – I live 4 miles from Williamson County.

While events like these can be terrifying for our neighbors, we know what to do and we know what's real and what's not.

Zika is here and EMS will be on the front lines of patient access, questions and care.

We know how to do this (see Ebola). We will do the same with this.



◆ 4. Sepsis is our new time-sensitive condition ◆

I won't climb on the soapbox tonight, but I think we all know how critically important early identification and appropriate treatment is for this population of patients.

We made a huge dent in Trauma, STEMI & Stroke morbidity and mortality by focusing our efforts on rapid identification and partnership with appropriate receiving facilities (SEPSIS ALERTS).

For us to realize the true EMS potential to impact, we have to evaluate dispatch criteria, assessment criteria (? value of Lactate assessment), role of blood cultures, potential treatment (several EMS systems now administer antibiotics) and follow up. Much is still based in local accepted practices.

One thing is crystal clear. EMS can make a positive difference in earlier identification.

Earlier identification means the potential for earlier treatment...



◆ **5. EMS Provider suicide and despair is an inadequately recognized and addressed occupational hazard** ◆

This one is really hard and thanks to the efforts of organizations like the Code Green Campaign, we're starting to raise awareness of this dirty little secret.

The EMS profession attracts those that pride themselves with maintaining calm in the face of the storm – even when the storm is in ourselves.

As we better understand the stressors we face, we're better prepared to proactively address them.

This one deserves our aggressive attention.

Recognition of despair is tough. Choosing to try and help and trying to figure out exactly what that help can be is extraordinarily complex.

I think we've made some progress, but we have a really long way to go.



◆ **6. Identification, management and triage of stroke must be managed in an evidence-based way - Be cautious of political / financial pressures** ▮

The science of treating strokes has evolved at light speed in the past few years. Once a futile disorder that was suspected in the field and we then proceeded to provide “supportive comfort care” for, stroke is now appropriately recognized as a time critical medical emergency with every effort focused on restoring blood flow to affected brain when appropriate.

What's new in managing these patients is the evolving difference in management of “Large Vessel Occlusions” or LVOs at centers specifically credentialed and equipped to manage these patients. While there is spirited debate about appropriate screening criteria in the field, aggressive efforts are underway in many communities to route these patients to specific centers of care. While certainly appropriate, EMS must make sure and be an active player in those discussions.



Add a Stroke CT Ambulance to the mix and it's critical that decisions regarding management of these patients are based in sound medicine and practice with an effort to recognize the huge political and financial challenges communities and health systems face.

◆ **7. It's time for EMS to be transparent about outcomes** ◆

There's a ton of discussion about healthcare reimbursement strategies (shocker, I know) and EMS is not immune.

One thing most clinicians and politicians seem to agree about is the value of being transparent about outcomes. Consumers (patients) have begun to embrace the idea and clearly it's here to stay.

The challenge for EMS as a profession is to agree on what's important and how it's measured & reported.

Mark my words on this one. The day is coming when EMS will be evaluated / reimbursed based on how we perform.

...and if I'm a patient, that's exactly what I want...

◆ 8. Evolving drug use / abuse is our next major public health crisis ◆

The opiate crisis has now become a top public health problem in the US. There are a host of efforts nationally to address the issue including the recent decision by CMS (Center for Medicare & Medicaid Services) to eliminate the patient experience question from their HCAHPS survey that specifically asks if the healthcare provider recognized and addressed your pain.

Why was it removed?

There is a concern that prescribers aggressively provided narcotic relief to make sure that particular experience question was addressed.

More in the pipeline including aggressive public access Narcan...

◆ 9. ALS & BLS designations no longer have value or meaning ◆

This is my cliffhanger. I believe this one is so important that it deserves significant space & discussion.

So...



That's my list. I'm eager to hear what you think. Send me your thoughts & why – I'll add them to the next issue...

◆ **A glimpse at the World of AMR** ◆

Courtesy of our colleagues in Cheyenne – Taking a terminally ill patient on a fishing trip as part of the AMR Sentimental Journey program – Coordinated by Sean Horton [AMR Administrative Supervisor]



We sometimes impact people's lives in ways we never imagined...



◆ WTH? ◆

From TJ Moore [AMR Georgia] - Always nice to know when the Ocean closes...



◆ High Five... ◆

Congratulations to Rob Garrett [AMR Risk/Safety]. A longtime advocate and contributor to the overall good of the profession, Rob was recently elected to the National Registry of EMTs Board of Directors.

Strong work buddy...




◆ Epilogue ◆

While attending a couple's seminar dealing with communication, Dave Banelli [AMR Labor Relations] and his girlfriend listened to the instructor.

"It is essential that couples know the things that are important to each other." The instructor addressed Dave, "can you describe your partner's favorite flower?"

Dave leaned over, touched his girlfriend's arm gently and whispered, "Its Pillsbury isn't it dear?"



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

Thanks for what you do and how you do it to make so many people's lives better. You have to admit – not too many professions that can have a bigger impact.

Have a gnarly rest of your weekend...

Ed

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