

# The Lancaster EMS

# Monitor

Fall 2007—Volume 1, Issue 2



## Moving Forward

By Andy Gilger, Director of Operations

Well another busy summer has come and gone. The Lancaster EMS Team has been hard at work during the dog days and once again my appreciation goes out to those who picked up the extra shift, stayed the extra hour and sweated out the extra liter of water to get the job done.

Now as we have sent the kids back to school and face all the other changes in life that just seem to happen, we will continue to tackle the challenges of our busy system. This is one thing that is certain.

As I wrote in the last newsletter, we saw the implementation of the statewide ALS protocols on July 1, 2007. One of the new protocols included is the Drug Facilitated Intubation (DFI) protocol which also added Etomidate to the approved ALS drug list. Currently all the Supervisors and certified members of the Management Team have completed the state man-

dated training to place Etomidate into our tool box. It is carried with the Duty Supervisor, 24/7, as well as on the spare squad at the East Station. We will be providing training to all ALS staff prior to the end of 2007.



Fall also brought anniversaries and remembrances of events past. On September 11<sup>th</sup> Lancaster EMS was well represented at the City of Lancaster's remembrance service at Binn's Park. I was tasked with providing a few words from the EMS perspective. Again, I was honored and proud to be representing such an incredible group of EMS practitioners to the public and our fellow First Responders. Lancaster EMS

was also represented at the Calvary Monument Bible Church's First Responder Appreciation Service held on September 16<sup>th</sup>.

We also observed the first anniversary of the West Nickel Mine school shootings. While I cannot speak for all involved in the response and care of the girls that day, I can say that while considerable healing has taken place, the events of that day will always be with me. Specific occurrences over the past year have done much to put the events of

October 2<sup>nd</sup> into perspective for me. Most notable among them was a visit to and the establishment of a relationship with the brave young lady I cared for that day and her family. Sara Ann is a beautiful, happy girl whose recovery is nothing short of a miracle. She has returned to the New Hope School and continues to recover from

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## A Word From the Editor

Welcome to the second issue of the Lancaster EMS newsletter, *The Monitor*. I want to thank Vickie Horan and Mandie Martz for their hard work and dedication in making the first newsletter a big success. The only negative comments I received is that some thought it was too long and people would lose interest. ( I don't believe it can be too long.) My hope is that, as each newsletter is published, it will be something that people will want to pick up and read again and again; finding something they did not notice before or read an article that refreshes their memory about a particular topic. I hope this second issue will do just that!

Here are a few things that I found in the last few months that may be of interest to you. Many people are confused about the law when it relates to emancipated minors. I have done some on-line research on the subject and here is what I found.

According to what I've read, each state can make their own laws and regulations regarding emancipation. In Pennsylvania each county can make their own laws and regulations and believe it

or not, Lancaster County is known as the toughest county on emancipation. This is what the law states:

*If the patient is 18 years of age or older; has graduated from high school; has married; has been pregnant; or is an emancipated minor; the patient may make the decision to consent to or refuse treatment or transport. A minor is emancipated for the purpose of consenting to medical care if the minor's parents expressly, or implicitly by virtue of their conduct, surrender their right to exercise parental duties as to the care of the minor. If a minor has been married or has borne a child, the minor may make the decision to consent to or refuse treatment or transport of his or her child. If the minor professes to satisfy any of the aforementioned criteria, but does not satisfy the criterion, the EMS practitioner may nevertheless comply with the decision if the EMS practitioner, in good faith, believes the minor.*

I also found some interesting facts concerning emotional-type calls. I took a class on 201 & 302 commitments a few years ago and was told then that all patients who are petitioned as a 302 needed

pre-approval from Crisis. This is no longer true. A police officer or a command physician may make the decision to "302" a patient without prior consent from crisis. Also, according to Dr. Ginder, a command physician may also make the decision to have a patient transported against his/her will. In other words, if a patient is refusing transport and the command physician decides the patient needs to be transported to a hospital, the patient can be restrained and transported against his/her will. This, according to Dr. Ginder, is not kidnapping but reacting to a possible negative patient outcome.

I hope this was helpful and informative. I look forward to the next issue of *The Monitor*. Since this will be published over the holiday season, we, the newsletter staff, wish you and yours a wonderful holiday season. Let's be safe and remember those less fortunate.

**Bill Conrad, Editor-in-Chief**



It is with deep sorrow that we announce the untimely death of one of our EMT Students. EMT student **Scott Hackman** was killed on Sunday evening, October 14<sup>th</sup>, while riding his motorcycle. Scott was an excellent student and was looking forward to becoming an EMT. He will be missed. Our thoughts and prayers are with his family.

In the Summer 2007 issue of *The Monitor*, Bill Conrad, Editor in Chief, referred to “members of the Lancaster EMS family”. Those of us who are fortunate enough to work at Heart of Lancaster Hospital also consider ourselves a “family” ... it’s a nice feeling, isn’t it?

Beginning with this issue of *The Monitor*, we’ll introduce you to members of the Heart of Lancaster “family”. Many of you have had a chance to meet our wonderful Emergency Department staff, but did you know that Heart has over 400 additional associates providing care to the patients that you treat pre-hospital?

Since many EMS patients have cardiac issues, let’s start by introducing you to an integral part of Heart of Lancaster’s Imaging Department, the Cath Lab Team. Lead Cath Lab Tech, Dougie Hollis, RCIS, explains, “My team works with physicians and their patients in two distinct

modalities, cardiac catheterization and special procedures”. His team includes, Susan Delgiorno-Ream, R.T. (R) (M), CDT, CVT; Amanda DesRosiers, RTR, RCIS, Cath Lab Tech; Karen Grimm, RN, Cardiac Cath Lab Nurse and Laura Johnson, RN, Interventional Radiology Nurse.



Cardiologists with Cardiac Consultants, Lancaster Cardiology Group and Red Rose Cardiology perform catheterizations, pacemaker insertions and tilt table tests in the spacious Cath Lab. While in

Special Procedures, interventional radiology procedures (peripheral and vascular) are performed by Lancaster Regional Imaging’s interventional radiologists.

As of Spring 2007, Dougie Hollis and his team are solely dedicated to staffing the Heart’s Cath Lab. The team has been kept very busy over the last several months, as procedure volumes continue to steadily increase.

Inpatients are scheduled for procedures as quickly as possible, “Usually the same day or next day”, according to Deborah Willwerth, Heart of Lancaster’s Chief Nursing Officer. Office based physicians appreciate the luxury of scheduling Cath Lab procedures at Heart “within 24 to 48 hours of their order”, reports One-Call Scheduling.

Their patients appreciate Heart’s free parking, easy access to the first floor testing area and most of all, the Cath Lab’s friendly, competent and reassuring staff.



## Moving Forward

(Continued from page 1)

her wounds. The example of grace and forgiveness shown by this family as well as all the others is an incredible example to us all. I would ask that we all continue to keep the responders and victims of this tragic event in our thoughts and prayers.

In closing I would like to share a brief preview of what we

can look for as we move through the rest of 2007 and into 2008.

- **As of this publishing 4 additional Stryker Power Litters have been purchased. This will complete the outfitting of our primary transporting vehicles with the power assist litters.**
- **Fleet Management initiative**
- **Drive Cam initiative**
- **Moving toward mobile web and computer access in our vehicles**
- **Continued and focused Performance Improvement initiatives in**

**clinical and non clinical areas of operation.**

- **And as always Lancaster EMS’ continued dedication to provide comprehensive, skillful, cost effective emergency and non-emergency health care services to the Lancaster community while continuing to evolve with changing health care needs.**

Thanks for your time and attention. My door is always open and my phone is always on.



# Lifesavers Raise \$4,500 for Cancer



The Lancaster EMS Relay For Life team, **The Lifesavers**, led by team captain Diane Ray, raised over \$4,500 for the American Cancer Society, achieving *Bronze Club* status. The Relay For Life is a non-competitive event where teams of eight to fifteen people take turns walking or running around a track, relay-style, for twenty-four hours straight. From 6pm Friday to 6pm Saturday July 20th and 21st, teams camped out at the relay site at the Quarryville Memorial Park and enjoyed a block party-like atmosphere with games, entertainment, food and much more while waiting their turn to walk.

Several Lancaster EMS employees, their families and friends



participated in the event, making it possible for a team member to be on the track at all times. Diane spent the entire 24 hours at the event camping out in a tent. The special events trailer was also on site and available.

Of the \$4,500 raised, \$1,200 came from on-line contributions, \$212 from the sub sale and \$175 from the Pampered Chef book party. Debbie Logan and friend Suzanne raised the most money, all done the old-fashioned way; letter mailing! Lancaster EMS donated \$500 to the team, the \$100 registration fee and the team t-shirts.

Barney Reiley (Suzanne's husband), his company, Environmental Compliance Management, donated \$500 as well. The Quarryville Relay brought in a total of \$213,000 for the American Cancer Society.

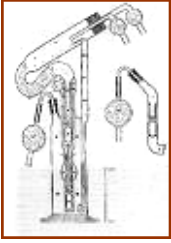
Thank you to all who helped make this event a success. **Team Lifesavers** plan to enter the event again next year in hopes of reaching *Silver Club* status by raising over \$5000 dollars! The 2008 relay will take place July 25th and 26th. Anyone interested in being a part of next year's team can contact Diane Ray.

## New & Improved (Not Approved!) Abbreviations

<b>ABC</b>	Ambulate before carry	<b>DWPA</b>	Dying with Paramedic Assistance	<b>MARWB</b>	Met at Road With Bags	<b>SIO</b>	Sleeping it Off
<b>AHF</b>	Acute Hissy Fit	<b>EMT</b>	Every Menial Task	<b>PCL</b>	Pre Code Looking	<b>WUD</b>	Woke up Dead
<b>DFO</b>	Done Fell Out	<b>FTD</b>	Fixin To Die	<b>TLC</b>	Tube, Lavage, & Charcoal		
<b>NPS</b>	New Parent Syndrome	<b>PUHA</b>	Picked Up, Hauled A**	<b>TMB</b>	Too Many Birthdays		

## Invention Mysteries

Reprinted with the permission of the author Paul Nieann



This is the story of an inventor whose work with a first-class doctor led to thousands of lives being saved, yet he didn't receive the recognition that he deserved.

His name was Charles, but I don't want you to feel sorry for him, because Charles didn't want the attention that comes with helping to create a life-saving invention. Charles had earned enough praise for his work in another field, totally unrelated to his work as a medical researcher and inventor.

Besides, since he was already known as the greatest in his field, he would probably not have been taken seriously as a medical researcher. Does anyone remember that Babe Ruth the actor once starred in a movie? Or that Mark Twain the inventor once earned more money from one of his inventions than from his writings that year?

Any unnecessary attention might hinder Charles's work. His motivation came from the fact that his sister-in-law had a serious illness and there wasn't any kind of medical device available that could save her life.

Charles approached Dr. Alexis Carrel of the Rockefeller Institute about working together. An odd pairing, the two hit it off immediately. Carrel, who had won a Nobel Prize for his work on organ transplants, was known as "the father of vascular surgery" and was somewhat quirky, while Charles was the amateur medical researcher with nationwide name recognition who chose to work in anonymity.

Dr. Carrel was from France, a country which gave Charles a hero's welcome. He later won a Pulitzer Prize in 1939 for a book that he co-wrote with Charles called "The Culture of Organs." Charles would later win a Pulitzer Prize of his own for a book in a totally different field.

The two of them went about trying to create a way to keep the heart and other organs alive outside of the body during surgery. The result was a perfusion pump which consisted of an organ chamber, an equalization chamber and a pressure chamber, all contained in a glass container. It was designed to circulate blood through the body during surgery.

Charles created a system of floating valves, using airplane glue to seal the device shut. It had to be a closed system in order to keep things sterile. Charles had even suggested to Carrel that he bypass the heart during cardiac surgery, but Carrel refused. It took another 20 years before another surgeon accomplished open heart surgery in 1954.

When World War II began, both men walked away from their research. Carrel died during the war, ironically, of heart failure while Charles was stationed in the Pacific.

Success and inventing seemed to run in Charles's family. His father was elected to the U.S. Congress five times and later made a run for the Senate, which he lost. His maternal grandfather was the dentist who invented the porcelain crown.

The family of Charles's wife, Anne, was just as successful as Charles's family. Anne's father was a partner of J.P. Morgan as well as

an ambassador to Mexico and later a U.S. senator. In fact, it was Anne's anesthesiologist who led him to Dr. Carrel. Both Charles and Anne received numerous awards during their life together, yet they were haunted by the death of their infant son early in their marriage.

By now, you've probably figured out who Charles is. If not, here's a re-cap of the clues:

>France, a country which gave Charles a hero's welcome.

>Charles had won a Pulitzer Prize for his book.

>Charles used airplane glue to seal the system of floating valves shut.

>Charles and Anne were haunted by the death of their infant son.

The book was "The Spirit of St. Louis", which Charles Lindbergh wrote in 1953.

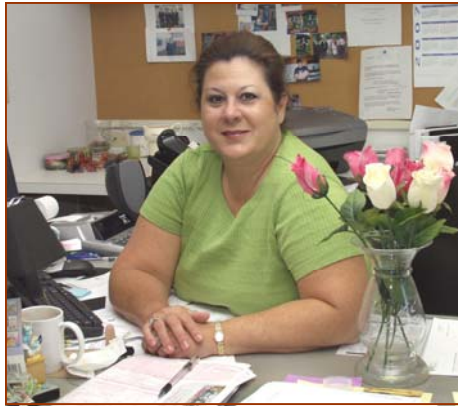


Since Charles' second career would probably have been over shadowed by his first- as was the case with actor Babe Ruth and inventor Mark Twain- he probably would not have been taken seriously as a medical researcher and inventor.

The invention came to be known as the Carrel-Lindbergh perfusion pump. Lindbergh's contribution was the perfusion system and the centrifuge which he made to separate blood plasma without damaging it. Charles didn't really create the first artificial heart as has been reported, but rather a way to keep organs alive outside the body during surgery.

## Employee Spotlight

### **Vicki Snyder** **Business Office Supervisor**



**What is your birth name?**  
Vicki Lynn Mitzel

**Where were you born?**  
York, PA

**Where do you live now?**  
Wrightsville, PA.

**Are you married?**  
No

**Do you have children?**  
Yes, two boys, Ryan is 23 and Matthew is 19. Ryan is active duty Air Force, stationed at Keesler AFB in Biloxi, MS. He was just promoted to Staff Sergeant.

Matthew is a freshman at Stevens Tech. He also works FT for ComAir, (subsidiary of Delta Airlines). Matt's field of study is in Machine Technology and CNC programming.

**When and where did you start your EMS Career?**

I started my career with Lancaster EMS in July of 1999 as a paramedic. My first shift was at Medic 10 with Danielle. I had no idea where I was going out there so getting to some of the scenes was sometimes a miracle! Does anyone remember the Vickie and Vicki show on the LGH ramp?! I actually started in EMS in 1989 as a volunteer for Columbia EMS and then for Mount Joy EMS prior to relocating to Berks County. It was there that I received my paramedic training and my first FT position in EMS at Schuylkill Valley EMS.

**Do you work anywhere else?**  
Yes, I work part-time for a nursing home in Lancaster as an LPN.

**What would you say is the greatest change in EMS since you began?**  
WOW, that's a big question for me. I'm sure I've already surprised many of you who did not know that I started here as a paramedic and then the revelation that I am also an LPN. So...the biggest change was moving from operations to administration.

**What would you say is the worst change in EMS since you began?**  
I just have initials for this one...HIPAA!!!

**What has been your most memorable experience during your time with Lancaster EMS?**

Oh my...most memorable...I would have to say that each and every day here is filled with it's own memorable, and sometimes challenging moments. I have to say that I really enjoy my job. It's not without its moments when I'd be glad to give it to anyone who wanted it, but what would the challenge be if everything went our way all the time? Hey, wait a minute, what am I saying??? Everything IS supposed to go my way all the time!!

**What hobbies/interests do you have outside of your job?**

Well, let's refer back to the question about my children. One of newest interests is travel!! Actually, I am an avid reader and, when I have the time, I like to crochet, knit and do needle work.

**Do you have any advice for new employees starting the same job?**

Not really, just do your job to the best of your ability and know that you are not alone. There is always someone that is willing to help when you need it. Every day is a chance to learn something new and different.

### **Dave Frey** **Wheelchair Van Attendant**

**What is your birth name?**  
David Eugene Frey

**Where were you born?**  
LGH, Lancaster, PA

**Where do you live now?**  
Columbia, PA

**Are you married?**  
No.

**Do you have any children?**  
No.

**When did you start your career with Lancaster EMS? Did you work in EMS prior to working here?**

Started in March 2002. Not really (in EMS) prior, but in the early 1970's, I worked as an orderly at Mary Hitchcock Memorial, (part of Dartmouth Med. Center), Hanover, NH, in

the Emergency Dept.

**What would you say has been the biggest change in your job since you started?**

Learning medical terminology, balancing my time and learning new places on long distance transports.

**What would you say has been the worst change since you started?**

Quick turnover and loss of great staff and friends. The death of patients also.

**What has been your most memorable experience during your time with Lancaster EMS?**

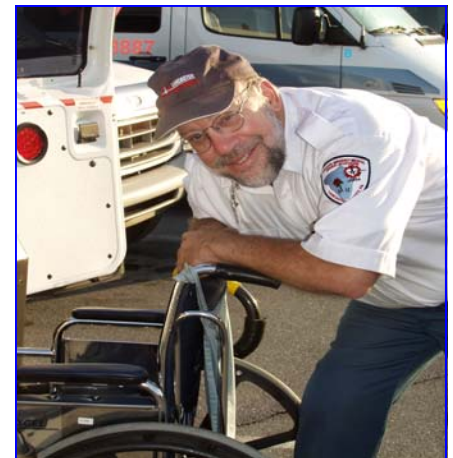
Meeting many new staff and relating to the patients; helping them enjoy the transport.

**What hobbies/interests do you have outside of your job?**

Vocal gospel music, hiking, travel, camping, visiting nursing homes and genealogical research.

**Do you have any advice for new employees starting the same job?**

Keep public service as the main goal. Think of others first; especially the needs of our patients. Keep a good sense of adventure and humor.



## Mentoring Our Volunteers

By Bill Conrad



I recently had the opportunity to ride with a new EMT and volunteer with Lancaster EMS. I found myself, like many of you, getting a little frustrated with the lack of knowledge and “the deer in the headlights look” every time the volunteer was asked to do something. But whenever I felt like I was getting to that point, I quickly

flashed back to my beginnings.

Ah, I remember it like it was yesterday... the very first time I set foot in an ambulance. I was only an Advanced First Aid provider and had not yet taken EMT training. I was scared to death and very unsure what to do or how to do it. I remember being yelled at and feeling like I was worthless. I contemplated not returning but I knew in my heart that this was something I wanted to do. So I continued and I am proudly still here today.

I think we often forget our humble beginnings and that none of us came out of the womb being an EMT—even though sometimes it

may feel that way. We all had to start somewhere. I imagine at one time or another we all had “the deer in the headlights look” but we overcame it. If this is something that you really want to do, you must be not only a clinician, but a teacher, a mentor and a friend to all your co-workers; new and old. It does not matter if they are paid or volunteer. We are all here to do one job. In order to get it done, we must all work together, continue to learn, and continue to teach so that others will someday be as good as we all think we are. Remember, you will never be as perfect as other people think they are. Don’t try! Just be yourself and enjoy life.

## The PI Team is Here to Help

By Polly Oakes-Tarell, EMT, PI Team Member

As one of the members of the PI Team I was asked to write an article of my own choosing for the newsletter. I have thought of many topics that we encounter when auditing charts but decided to hit upon a topic to go along with the article Stephanie Brown wrote for the last newsletter. I hear a lot of talk since we, the PI Team, run on the trucks and I realize we get a bad rap at times.

The PI Team is not out to get anyone or make an individual look bad. We are here to help the PI Supervisor with stats for the Company and to help you, the provider. I listen to providers talking about charts that are audited and how they sometimes cannot believe what was said about the chart.

Yes, maybe there were reasons why you did not do something—c-spine for example. If so, document why you were not able to do it for your patient. We will then understand what you were considering. If you actually explain what is going on with a call in the chart, it will help us with suggestions to give you if any are needed.

Documentation is important, not only for billing purposes, but in case of being subpoenaed. We all realize that some charts will be subpoenaed, but there are also those charts that you would not necessarily think of being subpoenaed. The hospitals also look at the charts to ascertain what happened before the patient reached their facility.

If you don’t agree with something during the audit, talk to us. We are here to help, not criticize. You can answer the QA that is sent when we have an audit issue, or look at our schedule to see when you can reach one of us. (We all have a set schedule.) If all else fails, send an email. Remember, we are not perfect and each one of the PI Team members gets audited also. On some of our audits, we are told about the things we forgot or shouldn’t have done, so please don’t feel that we don’t go through the same process as you.

Safety is a key concern on everyone's mind. When we come to work, we expect our employer to provide a safe working environment so that we can get through our shift and go home as healthy as we were when we started.

Safety is a culture, an attitude, a mind set of the people at all levels within the organization. Management could spend tens of thousands of dollars on safety initiatives. But if the people do not practice safety or the supervisors do not enforce safety rules, then it does not matter how much money is spent. A safety culture will not be achieved unless everyone adopts the cultural responsibility of safety.

Over the past several years, Lancaster EMS has invested a significant amount of money to ensure the safety of its employees. Just last month, four additional STRYKER® Power Cots were placed into service. These additional cots bring the entire front line fleet up to a Power Cot standard. These new litters were purchased in two phases of four each. The first four were purchased in 2006. The approximate cost to purchase the eight Power Cots was \$84,000.00.

Now, if you are still relying on one person to hold the weight of the cot and the patient while the frame is retracting during loading, you are not advocating safety. A minimum of two people, one on each corner, should hold the cot while loading and unloading. Share the weight and decrease your risk.

Another significant safety

purchase made last year was new turnout gear. This included 60 new helmets and 48 sets of EMS specific turnout gear consisting of coats and pants. This turnout gear was distributed throughout the system to provide for added crew safety. It is lighter and more maneuverable than the old fire style gear. It provides protection against flash fires, cuts, scrapes, punctures, blood and body fluid and hazardous materials. A grant was used to help offset the cost which totaled \$52,000.00. Another grant application has been submitted to help purchase an additional 50 sets. Unfortunately, if you leave it in the truck, or back at the station, it will not help you. To reap the benefits that it has to offer, you must wear it.

New stair chairs have also been phased in over the past few years. These new STRYKER® stair chairs have been a great help in reducing injuries associated with lifting and moving patients. They eliminate the need for actually lifting the patient in the majority of cases, by using a track system. Lancaster EMS invested close to \$25,000.00 on these new chairs.

The upgrade of the 3-season jacket was also a safety initiative. There was no reflective material on the old jacket. Prior to this current version of jacket, you were invisible at night. Our latest version has reflective stripes that help to make you visible at night or other low light environments and the logo on the back of the jacket is also reflective. These jackets are issued to each clinical provider, at an average cost of

\$50.00 per jacket, to be worn while on-duty. Again, if you do not wear it, it can not help you.

Another new addition that can be contributed to safety is that of our newest ambulance with the bariatric lift. This lift is designed to totally eliminate the need for lifting. Based on the effectiveness of this lift, consideration has already been given to placing similar lifts on all future ambulances. The cost of a lift is approximately \$12,000.00 added to the price of the ambulance.



Backup cameras and backup sensors have been included with the last two ambulances purchased. These devices will hopefully help eliminate backing accidents even more. They **DO NOT** replace the need for a spotter.

So, without doing the math, you can see that Lancaster EMS has invested a significant amount of money to enhance crew safety. And they are not finished. New safety initiatives are being explored every day. However, in order for these initiatives to work, you must take advantage of them. Without you, they cannot work.

**Be safe out there!**

Fadale, Michael	October 1	Osborne, Patrick	November 16
Haas, Robert	October 4	Grieder, Katelyn	November 23
Santiago, Melitza	October 11	Moschetti, Mark	November 23
Roschel, Michael	October 11	Gilger, Andrew	November 23
Anderson, Robert	October 16	Lash, Laura	November 25
Greineder, Dane	October 24	Ray, Dawn	November 26
Swope, Jessica	October 26	Ray, Diane	November 26
Gottschall, Lisa	October 27	Hinkle, Robert	November 26
Large, Jonathan	October 28	Johnson, Alicia	November 29
Griest, Jacqueline	November 9	Szasz, Roxanne	December 13
Kauffman, Rachel	November 9	Horan, Patrick	December 17
Weiberg, Gary	November 10	Wireback, Vicki	December 19
Justice, Amanda	November 10	Boyer, Robin	December 20
Martz, Mandie	November 11	Carr, Joseph	December 25
Brown, Stephanie	November 11	Snowberger, Keith	December 29
McMinn, Carolyn	November 14	Fortney, Stephen	December 29



## Big Changes in the Wind for IT

by Tom Hartman, Information Technology Supervisor



There are big changes in the IT wind coming down the road. We have passed the testing stage and are just about to start the building stage of the brand new Lancaster EMS Intranet and Exchange E-mail server. The new intranet will be based on the Microsoft Office SharePoint 2007 (MOSS2007) technology. This technology

comes “pre-built” and lets you add and change it around. It is already set up to do a huge number of things that it would have taken me weeks to program. We will have extras such as blogs, discussion groups and wiki’s. Each team (Bike, PI, Rebirth, etc.) will have their own site with their own information. Users will be able to collaborate and share information with each other. Each user will also get their own site, almost like a business related Myspace or Facebook. You will have both a public and private area for information on yourself and for any documents that you may wish to save. You can include a picture of yourself, group affiliations, hopes

and dreams, likes and dislikes.

Microsoft Exchange server is a product that we will host and it will administer our e-mail. We will no longer have to rely on an outside vendor. All users will have access to Outlook Web Access. Basically, this has the functionality of MS Outlook but is web based. You will be able to access this from anywhere. And in addition to e-mail, you can have your schedule and contacts at your fingertips.

We will also be hosting our own website. Upgrading and redesign is under consideration. If you have any comments or suggestions please let me know.

## Acute Stroke Care...How Can EMS Make a Difference?

**Written By Kathy Morrison, BSN, RN, CNRN, Stroke Program Coordinator and Ronald D. Baier, EMT-P, EMS / Communications Manager**

It's been 11 years since the FDA approved tPA for acute stroke treatment in 1996. Looking back, we can say that that singular event changed the face of emergency stroke care. No longer do we just gather up the stroke victim and take them to the hospital for rehab services, hoping for the best. Now we recognize that with prompt identification and rapid response, we can limit the size of the stroke and even reverse the symptoms. If you've ever been fortunate enough to witness this, or know someone who benefited from it, you'll never forget it. The knowledge that we have the power to not just save lives, but to ensure that the life we save is worth living, is phenomenal.

Here are some important and frequently asked questions from EMS personnel in relation to stroke care in Pennsylvania.

**Q:** Are all hospitals with stroke programs considered Primary Stroke Centers?

**A:** No. Only those who have demonstrated compliance with the Joint Commission standards for excellence and have pass a stringent on-site review can be called Primary Stroke Centers. This designation is proof that patients will receive comprehensive quality care for their stroke.

**Q:** What is the actual timeframe for treatment for acute stroke?

**A:** tPA is the only thrombolytic (clot buster) approved by the FDA. It must be given IV within 3 hours of symptom onset. Despite hundreds of research studies done, it remains the only drug that has proven safe and effective if given correctly. Some hospitals use tPA intra-arterially directly into the clot in the cerebral artery. This is done by a radiologist and can be used for a 3-6 hour treatment window.

**Q:** If their symptoms resolve before we get to the scene or before getting to the ED, should we treat it urgently anyway?

**A:** Yes. Symptoms that resolve within a short time represent a TIA, which is a warning sign of a possible impending stroke. These patients need the same rapid assessment to determine the reason for the symptoms in order to prevent a stroke.

**Q:** What is the F.A.S.T. criteria about?

**A:** It is an acronym for the Cincinnati Pre-hospital Stroke Scale (CPSS) used to assess suspected stroke symptoms. It stands for:

- Face – facial droop present
- Arms – upper extremity arm drift present (arms extended, palms up)
- Speech – inability to say “The sky is blue in Pennsylvania” normally
- Time – time of symptom onset definitely < 3 hours

At LGH we like to say that another concept of Time is that time is critical, so transport quickly.

**Q:** True or False: We don't need to rush for a patient whose symptoms are more than 3 hours old.

**A:** False – for several reasons:

1. Some hospitals are involved in research studies that extend beyond the 3 hour window – up to 8 hours.
2. Some hospitals offer intra-arterial tPA and the Merci Retrieval Device which have a 6 hour window.
3. Research has proven that even if a patient doesn't get tPA, earlier treatment (BP management, etc) of stroke symptoms results in 21% reduction in early mortality, decreased hospital length of stay, and decreased need for nursing home placement. (Jorgensen, et al., 1995).

**Q:** How can EMS make a difference?

**A:** EMS response is critical giving us the ability to treat as many patients as possible:

- Rapid identification of symptoms.
- Accurate history and medication list.
- Accurate symptom onset time documentation.
- Rapid pick-up and transport to a certified Primary Stroke Center.
- Pre-hospital notification.



**Q:** Is it true that there is a Statewide Suspected Stroke BLS Protocol?

**A:** Yes, it became effective November 1, 2006 and is designed to guide care of suspected stroke patients. It is available on the PA Dept of Health website.

**Q:** Is there a PA state mandate to transport stroke patients to PSC's?

**A:** Not yet, but they're working on it. A state task force and advisory committee issued a report in 2002 calling for a special stroke office within the Department of Health to promote stroke prevention and treatment programs, disseminate information and conduct research. While the group emphasized improving stroke care at all hospitals, they left open the possibility of using designated stroke centers "within a well-planned stroke treatment system."

In recommendations issued last year, an American Stroke Association task force concluded that patients who could benefit from tPA or other acute treatments should be taken to designated stroke centers and that air transport should be considered to minimize transport time. Patients should be taken to the closest hospital when no stroke center is available "within an appropriate time frame for available therapeutic interventions," the task force said.

**Other states' initiatives:** In Florida, a 2004 law requires the state to send a list of designated stroke centers to medical directors of ambulance agencies. The medical directors are to develop transport protocols "with the intent to assess, treat and transport stroke patients to the most appropriate

hospital."

The Texas legislature is currently considering a bill similar to the Florida law.

Maryland is developing protocols for its Emergency Medical Service (EMS) personnel requiring them to transport stroke patients to the nearest state-designated stroke center. Hospitals that achieve Joint Commission Primary Stroke Center Certification will be eligible to receive the state's designation.

Lancaster General Hospital became certified as a Primary Stroke Center (PSC) by the Joint Commission (formerly known as JCAHO) in 2004, and received recertification in 2006. Lancaster General Hospital is one of only two PSC in Lancaster County and the only one in Lancaster City. Lancaster General treats approximately 600 stroke and TIA patients each year. The national average for patients receiving tPA treatment is approximately 5-7 % of all stroke patients. Prior to pursuing and attaining Primary Stroke Center status, Lancaster General Hospital had a treatment rate of only 1%. Within the first year, we increased it to 4%, and now we're exceeding the national average by treating 8% so far this year.

We have an acute response protocol called Code S. This is called by the ED physicians for any patient who presents within 8 hours of the onset of their stroke. We have this 8 hour window because we offer intra-arterial tPA, the Merci Retrieval Device, as well as several research studies.

EMS who bring acute stroke patients to LGH might find that they are whisked off to CT while still on the EMS stretcher. We have been able to shave several minutes off our door-to-CT

time. The national benchmark for door-to-CT is 25 minutes, and we currently have a 15 minute average. This impacts our ability to shorten our door-to-needle time; research shows that the earlier a patient is treated within the 3 hour window, the better outcome they will have. So, remember our motto when you respond to a possible stroke victim: time saved is brain saved.

Pennsylvania Department of Health. (2006). Suspected stroke statewide BLS protocol.

Available at:

<https://app1.health.state.pa.us/emso/login.asp>

## References and Resources:

Alberts, M., Hademenos, G., Latchaw, R., Jagoda, A., Marler, J., Mayberg, M., et al. (2000). Recommendations for the establishment of primary stroke centers. [Electronic version]. *JAMA*, 283, 3102-3109.

American Stroke Association (2007). About stroke. Available at: <http://www.strokeassociation.org/presenter.jhtml?identifier=1200037>.

Joint Commission on Accreditation of Healthcare Organizations. (2005). Primary stroke center certification. Available at: <http://www.jointcommission.org/CertificationPrograms/PrimaryStrokeCenters>.

Jorgenson, H., Nakayama, H., Raaschou, H., Larsen, K., Hubbe, P., & Olsen, T. (1995). The effects of a stroke unit: reduction in mortality, rate to nursing home, length of hospital stay, and cost: A community based study. *Stroke*, 26, 1176-1182. Fahy, J. (2006). Missed chances: officials split on how to fix stroke care. Available at: <http://www.postgazette.com/pg/06086/67118-114.stm>.



# Upcoming Events

<b>Staff Meetings</b>	Monday November 12 Tuesday November 13	<b>FOOTBALL SCHEDULE</b>  10/19 McCaskey @1800 10/25 McCaskey @1800 10/26 Penn Manor @1800 11/02 Conestoga Valley @1800 11/03 Millersville University @1200 11/10 Millersville University @1200
<b>Administrative Offices Closed</b> (East & West)	Thursday November 22 <i>Thanksgiving Day</i> Tuesday December 25 <i>Christmas Day</i>	
<b>Cookies with Santa</b>	Sunday December 9, West Station (time TBA)	
<b>Staff Holiday Luncheon</b>	Thursday December 20 Noon until 1400 (East & West Stations)	
<b>Thomas The Tank</b>	11/30 @0830 12/01 @0830 12/02 @0830	



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