



The Lancaster EMS

Monitor

Premier Issue, Summer 2007

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Welcome to Our First Edition by Bill Conrad

Welcome to the first issue of the Lancaster EMS Monitor, a publication we know will be entertaining, educational, and fun. We will publish this newsletter quarterly with informative articles and editorials from institutions and people within our County.

The Monitor staff welcomes all articles that you, the members of the Lancaster EMS family, feel would be educational and entertaining.

We are searching for testimonials from our patients and stories from you of thought provoking

calls (always mindful of the HIPPA laws). We realize not everyone is a journalist. So, if you have an idea for an article or story, please feel



free to talk to any of the team members. We would be pleased to assist you with your article.

Remember, this is your publication. In each

publication there will be articles of interest from the Lancaster EMS leadership including board members, hospitals, and private citizens. We have high hopes for this newsletter, and our greatest hope is that you enjoy it as much as we enjoyed making it.

So, please read and enjoy the pages ahead. If you have any suggestions for improvement please contact any of the Monitor's staff, or e-mail us at newsletter@lemsa.com. We look forward to hearing from you!

Letter From Scott Boyd, County Representative

Let me offer my congratulations to Lancaster EMS for the initiation of this newsletter. Your expanded communication of your activities and your mission will, hopefully, service to increase the impact that you have on our communities. It has

been my great pleasure to serve as a community and legislative advocate for Lancaster EMS, as well as a member of the board of directors. My work with this organization has been an eye-opening experience and has helped me to better understand the distinct

needs of emergency service operations, both locally and across the state. If there's a way that my office can help in your efforts, my door is always open. Thank you all for your continued service for the health and well-being of our communities.



Welcome Letter by Andy Gilger, Director of Operations

As we take this maiden voyage with the new Lancaster EMS Newsletter let me take the time to thank each and every staff member for making my first year back at Lancaster EMS as Director of Operations an enjoyable one. Hard to believe it has been nearly a year since I walked back in the door, they say time flies when you're having fun, and that is just what it seems like to me. Each day holds a new reward and new challenges and to me that is what makes getting up and coming to work at Lancaster EMS worth while.

So, thanks one and all for your dedication and professionalism to what I consider the finest EMS Agency around. I look forward to many more years, many more rewards and many more challenges as Lancaster EMS continues to grow and prosper.

In future editions I will use this space to pass along information on operational subjects not only within Lancaster EMS but also information that affects our operations from the regional and state perspective.

We will be witness to the culmination of many years of work as the new Statewide ALS protocols take effect on July 1. This puts Pennsylvania out in front of most of the nation with the use of standard, state wide ALS and BLS protocols. Many changes and updates are included in these protocols and specific training is being provided to ensure that all practitioners are up to date. We will be seeing a pocket version that will

include both the BLS and ALS statewide protocols in the near future. These protocols are the standard that every EMS practitioner in Pennsylvania will be held to. Lancaster EMS will do our best to provide the needed familiarization with the material, however it is every providers responsibility, BLS and ALS to ensure they are intimately familiar with the State wide protocols.

Another important EMS event in our future is the introduction of a revised EMS Act to the Pennsylvania House and Senate. The current EMS Act was written in 1985, obviously much has changed in EMS in the past 20 years, and we are long over due for a revised EMS Act. The new version of the EMS Act was written as a collaborative process that included input from EMS stakeholders and providers from across the Commonwealth. Several changes are included in this draft legislation that will impact all levels of EMS practitioner. These include the addition of EMS Vehicle Operator, Advanced EMT and Pre Hospital physician extender (PA) to the list of certification levels as well as language that places specific requirements on EMS Instructors.

Changes will also be realized in the certification process with specific limits placed on attempts at certification examinations at all levels along with language that will allow the Department of Health to level fines to services and individuals who are found in violation of the Act and subse-

quent Regulations. These monies would go directly into the Emergency Medical Services Operating Fund (EMSO) that help fund the EMS system and purchase equipment for EMS Agencies across the Commonwealth.

This is a small example of the changes included in the revised Act. This is an incredibly important piece of legislation that will have profound impacts on the entire EMS System in the Commonwealth including individual practitioners. I would encourage all to have a look at this document and to urge your local representative to support this bill when it comes time to introduce and pass it through the House and Senate. The draft EMS Act can be viewed on line at www.health.state.pa.us/ems by clicking on the "Proposed Changes to EMS Act" link.

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

Did you Know?

The Lincoln Highway was the first road in North America to be made of crushed stone and measured 3384 miles. The Highway connected New York with Philadelphia, Lancaster, Pittsburgh, Chicago, Salt Lake City, Sacramento and San Francisco. The highway was organized in 1913 as a memorial to Abraham Lincoln.

According to the 1st Qtr. 2007 Quality Scores, as reported by Scantron/Data Based Insights, Inc., patients receiving emergency services in Heart of Lancaster's ED are extremely pleased with



their care.

Steve Young, Interim CEO, Heart of Lancaster Hospital credits Heart's Emergency Department Team for their superior care, which resulted in the following scores:

- * 95% of patients surveyed rated their overall emergency care as "excellent".

- * 86% of patients surveyed "waited less than 19 minutes" before being taken to an exam room.

- * 97% of patients surveyed rated their Emergency Department RN

as "excellent".

- * 97% of patients surveyed "would come here again" if they or their family needed emergency care.

- * 100% of patients surveyed reported excellent" cleanliness scores for all Emergency Department areas.

The Emergency Department at Heart of Lancaster Hospital is led by Montse Ryan, RN, MS, Director Emergency Services and Kenneth Laird, MD, Emergency Department Medical Director.

Lancaster EMS's FTO Program by Joe Carr, paramedic Supervisor

During the formation of Lancaster EMS in 1996, a formal field training officer (FTO) program was implemented. The goal of the program was to train "seasoned" providers to serve as mentors who would oversee the orientation of clinical staff to the Lancaster EMS system. As our organization grew exponentially, it became apparent that our FTO program, though organized and comprehensive, needed a significant amount of overhauling and refining.

Over the years our clinical sites have increased, our coverage area has significantly grown, and our staff has become even more diversified. In order to address our expanding company, several key infrastructural components were identified as requiring attention. One of these areas was the FTO program.

Several months ago, a core group of individuals was selected to participate in this project, and, over several months, the entire FTO program was restructured and orientation trials were begun. Though the program still needs some refinement, we feel our program is one of the most comprehensive in the County.

A small group (20 individuals) was selected by the committee to function as the initial field training officers. This limitation allowed the FTO coordinators to focus on training a few individuals who were to evaluate the FTO process and make revisions based on their experiences. The new FTO program has been in place for approximately three months, and, though some modifications are still needed, we believe that we have provided a solid foundation

for the orientation of new hires.

I would like to thank the FTO committee members who helped with the project (and are continuing to assist with the final revamping of the program): Sandy McMinn, Vito Vespe, Chuck Fitts, Ian Solodky, and Vickie Horan. The field training officers are always seeking beneficial input or suggestions in an effort to constantly update and perfect the program, with the knowledge that our employees are what define us as leaders in the EMS community.



The Lancaster City & County Medical Society recently bestowed a great honor to Lancaster EMS and Gladdie McMurtrie (for her work as Chair of the board). We received the "Benjamin Rush Award" at their June 6 meeting. Gladdie accepted the Individual Award; I accepted the Organizational Award on behalf of Lancaster EMS.

What is the Benjamin Rush Awards you ask?

The purpose of the awards are to recognize individuals and organizations who have made outstanding voluntary contributions to the health and welfare of the people of your county and to honor worthy individuals and groups, while heightening awareness of county society involvement in public service.

Individual awards are given to a Pennsylvania layperson (i.e., not a licensed doctor, not an employee of a voluntary or official health or welfare agency, and not someone who secures income or profit through work in a health-related activity).

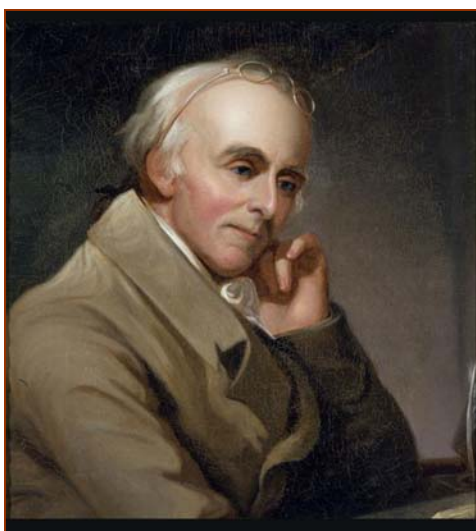
Organization awards are given to an organization in the State which makes an outstanding, voluntary contribution to the health and welfare of people in your county.

I know, your next question is who was Benjamin Rush?

Benjamin Rush was a very dynamic and controversial figure. Born in Byberry (now a section of

Philadelphia) on January 4, 1746. He graduated from the College of New Jersey (now Princeton University) in 1760, and studied for six years in the office of a Philadelphia physician as well as at the University of Edinburgh, Scotland, from which he graduated in 1768. He practiced medicine in London and Paris before returning to Philadelphia in 1769.

During the Revolutionary



War, Rush served as a surgeon in the Continental Army. In the Philadelphia Yellow Fever epidemic of 1793, he stayed in the city to care for patients ravaged by that plague while many less courageous physicians fled the city. He was the only physician to join those other patriots in pledging their "sacred honor" risking their freedom (nay, their lives) by signing the Declaration of Independence. He was a founder of the University of Pennsylvania School of Medicine, of Dickinson College, and of Franklin College, precursor to Franklin & Marshall.

A prolific author, his *Syllabus of a Course in Lectures in Chemistry* (1770) was the first chemistry

text published in the U.S. *Medical Inquiries and Observations upon Diseases of the Mind* (1812) was the first American treatise on psychiatry and earned him the title "Father of American Psychiatry." He understood mental illness to be a product of physical causes and he embraced the Frenchman Pinel's humane therapeutic approach: good nutrition, eliminating the use of chains, and seeking to alleviate social deprivation.

Rush was a proponent of many controversial therapies. He was convinced that all diseases were essentially caused by fever. He earned the serious criticism of some of his colleagues for his continued support of blood-letting as a treatment for a variety of diseases. He sued one of his colleagues for defamation of character and, ironically, won that suit on the very day that his old Commander-in-Chief, George Washington, died, probably from excess blood-letting for a throat infection. One of Rush's students was a major player in that episode ("Death of a President." *New England Journal of Medicine*, Vol. 341, No 24, December 9, 1999, pp. 1845-1849).

Rush was also a social reformer. His pamphlets attacked slavery, capital punishment, alcohol, tobacco, and war. He promoted free public schools and the education of women. Later in life he was instrumental in reconciling two old political antagonists, former Presidents John Adams and Thomas Jefferson. President Adams appointed Rush as Treasurer of the United States Mint in 1797, a position he held until his death in Philadelphia on April 19, 1813.

Team work that extends beyond the hospital walls

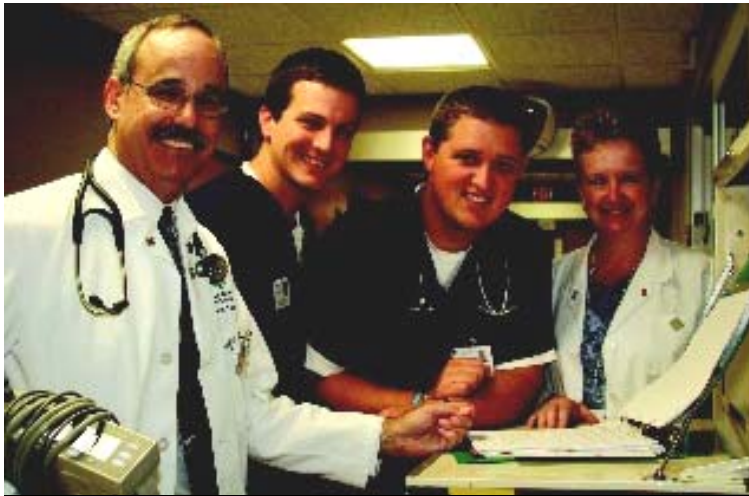
Code R (reperfusion) represents the strength of team work to Lancaster Regional's emergency department while a patient is being transported to the hospital. That means Lancaster Regional's emergency department physicians and cardiologists already have begun planning the patient's care when the patient arrives at the hospital, including cardiac catheterization. The Code R team mobilizes any time, day or night, including weekends. "Working in a community hospital with the technology of a large urban institution allows us to respond quickly," says Joe Iandolo, RCIS, director of the cath lab at Lancaster Regional. "We deliver care efficiently because we are unencumbered with system or patient flow issues that can slow down processes in a larger facility. Since Lancaster Regional is not a regional trauma center, patients presenting with a suspected acute myocardial infarction get the immediate, full, undivided attention of the staff.

Putting time on the side of the patient

If not by definition, by practice the rapid response team (RRT) represents Lancaster Regional's first responders to any patient, or visitor, who suddenly becomes so

physically distressed immediate intervention is the only appropriate action.

According to Karen Morgan, R.N., critical care services director, the rapid response team "saves lives before they need saving."



RRT Members (left to right) Jonathan Klapper Lehman, RRT, Duane Ringler, RN, Andrew Hershey, RN Karen Morgan RN

According to Morgan, approximately 85 percent of patients have precipitating events up to six hours before a code is called. When staff is trained to identify these patients and calls the RRT, that patient may never require a Code Blue call. Since Morgan initiated the RRT, the number of codes has dropped by half. In areas outside the critical care units, code calls are down to zero or one a month.

Did you know?

Cardiothoracic surgery statistics for Lancaster Regional since 9/06 are:

- 67 open-heart surgical cases including 30 isolated CABGs, 15 MV and 22 AV procedures
- 30 general thoracic procedures including pneumonectomy, lobec-

tomy, and VATS procedures.

- 20 vascular procedures including carotid surgery, abdominal aortic aneurysms, and ruptured aortic dissection repair.

At Lancaster Regional, we offer: 24/7 cardiology coverage and cardiac catheterization service.

- electrophysiology services including ICD, BI-V, and cardiac ablation.
- nuclear stress tests or stress echocardiograms on weekends.
- Door "door to balloon time" as short as 64 minutes.

Recent improvements have led to consistent outcomes well below the 90 minute guideline published by the American College of Cardiology and the American Heart Association.



Paul Brown, MD Al Bernabei, MD
Cardiovascular Surgeons

All about the Volunteers by Bill Conrad, EMT, Volunteer Coordinator

Twenty years ago, few EMS organizations relied on paid staff. Believe it or not, many organizations into the mid-90's operated solely with volunteers. When I started at West End Ambulance in 1982, we never left the building without at least four people on the ambulance (sometimes even five people!), who were all volunteers. These men and women came from all backgrounds of life. Some owned their own businesses; some were lawyers, doctors, nurses, truck drivers, and laborers.

Why did they do it? Why did they take time away from their businesses, their families, and every day life to, at times, put their own lives at risk to help others? Every person has their own reasons.

Some volunteered for personal satisfaction, some for something to do that was different from their everyday life, and all because they wanted to help their fellow man.

Today, volunteerism is something that is difficult for many people to comprehend. Most EMS providers have more than one job, a busy family life, a two-paycheck home, and there is just not enough time in the day. I wish I had the time to volunteer. Though I volunteered for many years in the past, my personal commitments are so time-consuming that I am presently unable to volunteer. This is why I am as passionate about the volunteer program as I am. When you start as a volunteer, your whole demeanor changes, and your outlook

on humanity is different. This is not just a job to many of our volunteers; this is a personal, and often unnoticed, choice.

The definition of a volunteer is "to give of one's own free will." These individuals give of themselves day in and day out, and never expect anything in return (except maybe an occasional pat on the back or a kind word). Remember, volunteers are here to learn and help you. In future issues, I hope to have pictures of all the volunteers so that you will know not only their names but their faces. If you see a volunteer, please take time out of your busy schedule to recognize them for their efforts. Perhaps some day they will be your partner!

A Letter from Vicki Snyder, Business Office Supervisor

Greetings from the Billing Department!

Things are going well with the Billing Department. As many of you may know, one of our employees is out on Medical Leave at the moment. We hope that she will be returning to work very soon.

In the meantime, we are still running up to speed! We have accomplished this through the hard work and dedication of all members of the department. We have also received additional assistance from Tess Mullhausen, Jessica Swope, Bobby Evans and Erin Pickel. Their help has been greatly appreciated and has allowed us to stay on track with our billing.

We received 194 PCR's in the

billing department during the month of April without signature forms and only 3 PCR's with incorrect mileage documentation. Let's continue to work on obtaining those signatures during the time that we see the patients. The cost incurred with obtaining them after the fact can be daunting to say the least. Just for these April PCR's the *additional* cost for postage was \$75.66. This does not include the cost of the envelopes nor the man hours involved with preparation. It may not seem like much, but these costs do add up over time.

Now onto mileage documentation. You are doing a FANTASTIC job of documenting mileage correctly. Keep up the AWESOME work. (See, you all

thought I was going to continue jumping up and down on my soap box!)

Until next time!



Cyanide is a potent and ubiquitous toxin that can cause rapid clinical deterioration and death if not recognized quickly. The most common etiology of cyanide exposure in the US is through smoke inhalation from house or structural fires. Cyanide causes its toxicity by binding to the ferric ion on cytochrome oxidase and inhibiting oxidative phosphorylation, thereby halting cellular respiration.

For many years, the only antidotal therapy available in the US was the Cyanide Antidote Kit. This three-component kit contains amyl nitrite, sodium nitrite, and sodium thiosulfate. While effective, the Cyanide Antidote Kit also has many drawbacks. The nitrites induce methemoglobinemia which can be deadly in patients with concurrent carbon monoxide poisoning. Additionally, the nitrites are potent vasodilators which cause hypotension and reflex tachycardia. There are case reports of pediatric fatalities from dosing errors which resulted in profound methemoglobinemia and hypotension. This has led some healthcare providers to disregard the nitrites altogether and use only sodium thiosulfate, although it has a slow onset of action.

The FDA approved hydroxocobalamin for use as a cyanide antidote in December 2006 and it has recently become available for widespread distribution.

It is marketed by Dey, L.P. as Cyanokit. Hydroxocobalamin chelates cyanide and forms cyanocobalamin (a form of B12) which is excreted in the urine. Due to its red color, hydroxocobalamin causes self-limiting skin reddening and chromatouria in most patients that may last up to a week. Hydroxocobalamin also causes a transient relative hypertension which resolves within 4 hours. Allergic reactions are possible, including pustular rash and face swelling. These effects can be effectively treated with antihistamines and steroids. Cyanokit is a safe and effective alternative to the Cyanide Antidote Kit and has the potential to become the mainstay of therapy for cyanide poisoning victims.



Did you know that Poisoning by cyanide is thought to be as common as carbon monoxide poisoning in smoke inhalation patients? Hydrogen cyanide is a

gas that is generated by the combustion of nitrogen- and carbon-containing polymers and fibers such as plastics, nylon, wood, cotton, paper, and silk, all commonly found in homes and buildings. In studies, cyanide has been found to be directly associated with fire deaths. Cyanide poisoning should be suspected in all fire victims, especially those exposed to closed-space fires (high heat and low oxygen conditions), and in patients with altered mental status, hypotension or metabolic acidosis.

On the lighter side:



Dr. Leonard Kransdorf of Detroit, MI was performing rounds at the hospital one morning and while checking up on a woman he asked, "So how's your breakfast this morning?" "It's very good, except for the Kentucky Jelly. I can't seem to get used to the taste" the patient replied. I then asked to see the jelly and the woman produced a foil packet labeled "KY Jelly."

Dr. Susan Steinberg had to be the bearer of bad news when she told a Wife that her husband had died of a massive myocardial infarct. Not more than five minutes later she heard the wife reporting to the rest of the family that he had died of a "massive internal fart."

Dawn Ray, NREMT-P

What is your birth name?

Dawn Marie Ray

Where were you born?

St. Joseph Hospital in Lancaster, PA

Where do you live now?

Willow Street, PA

What are your parents' names?

Beverly & Carl Ray

What are the names of your siblings?

One twin sister Diane, one brother Rob, and an other sister Michelle who is deceased.

Are you married?

NO!

Do you have children?

No.

When and where did you start your EMS Career?

Quarryville Ambulance Association in 1992.

What would you say is the greatest change in EMS since you began?

Recognition that pre-hospital care has never been considered a career, and watching the growth of our company.

What would you say is the worst change in EMS since you began?

Going from separate BLS ambulances with ALS squads to MICUs.

What was your most memorable call?

Delivering a baby in the blizzard of 1993 when I had to ride a snowmobile to get to the patient. Thanks to Chuck Daisy for being there!

If there is one word of encouragement you would give to the new EMTs, what would that be?

Take what you learn, be open-minded, and take every opportunity to learn with every patient.



Tina D'Imperio, EMT, Scheduling Coordinator

What is your birth name?

Tina Marie D'Imperio

Where were you born?

Ephrata Community Hospital in Ephrata, PA

Where do you live now?

Strasburg, PA

What are your parents' names?

Walter and Joanne Griffith

How many siblings do you have?

I have three sisters and one brother. I am the youngest.

Are you married?

Yes, to Dennis for 19 years.

Do you have children?

Yes. I have two daughters, Megan who is 10 and Courtney who is 15. I also have a cat named Tip-Toe who is 2 years old.



When and where did you start your EMS Career?
Strasburg Ambulance Association in 1990.

What would you say is the greatest change in EMS since you began?

Being able to work in an office next to Tess.

What is the worst change in EMS since you began?

Giving Stephanie Brown my old office—there were better hiding places for my chocolate.

What was your most memorable call?

That is a hard question to answer. You remember calls for different reasons, some good and some not so good.

If there is one word of encouragement you would give to the new EMTs, what would that be?

Always be willing to learn. After 17 years in EMS, I am still learning new things. We will never know it all.

Anything we should know about you specifically?

I love life, have fun and treat people the way I want to be treated. Remember, chocolate cake and peanut butter icing will get you far in life when shared with the Scheduling Coordinator.



Lancaster EMS Academy Offering 2008 Paramedic Program

If you are interested in becoming a Paramedic, the Lancaster EMS Academy is the place for you. We offer high quality instruction, state of the art equipment, experienced preceptors and an affordable price.

The Lancaster EMS Academy will hold its second Paramedic Program in 2008. The Program will be two evenings during the week (4-hours each) and every third or fourth Saturday (8-hours each) for approximately 13-months. The tentative evenings will be Mondays/Thursdays, and Saturday. The details are still being worked out.

The goal is to start the Pro-

gram with 8 – 12 students, a combination of current employees and outside students. Lancaster EMS will be marketing to the EMS Community in an effort to boost enrollment. Word of mouth is a good marketing tool. If you know anyone that may be interested, please let them know about the program.

The cost to Lancaster EMS to run this program is approximately \$9,000.00 per student. In order to get students into the program, we are setting tuition rates as follows:

In-county students: \$3,000.00

Out-of-county students, but in the

EHSF region: \$4,000.00

Out-of-region students: \$4,500.00

Tuition will include all books, lab fees, uniform shirts x 2, and National Registry Practical Exam fees.

Students will be required to provide the following (not included in the tuition): Uniform pants (navy blue) and boots (black leather w/safety toe), stethoscope, Fisdap registration fees (\$100.00), and National Registry CAT Written Exam Fees (\$110.00).

Classes start January 7, 2008. Further details will be advertised soon.

26 Years ago.....a Remembrance

Kevin L. Weatherlow and Bruce H. Ditlow

On June 13, 1981, Bruce Ditlow and Kevin Weatherlow were involved in an attempt to rescue a young boy from an abandoned septic tank.

The call was routine, and the paramedics were on the scene within three minutes. However, Bruce and fellow paramedic Kevin, his best friend since high school, were overcome by lethal methane gas as they worked to save the boy and each other.

Bruce, a paramedic at St. Joseph Hospital for five years, was involved in educating the public about pre-hospital care and teaching cardiopulmonary resuscitation for St. Joseph Hospital and its satellite clinics. Additionally, he was a speaker in St. Joseph's paramedic

programs and Health Care Center. He was planning a career in nursing.

Kevin, a paramedic at St. Joseph Hospital for four years, was on the Dean's List at Reading Area Community College where he attended nursing school. Kevin was also active in the Army Reserves. He and his wife Sharon were the parents of one daughter Kristen.

Jeff Jones a volunteer firefighter with Bausman Fire Company (now Lancaster Township) also died during the rescue attempt.

The young boy Bruce, Kevin and Jeff were trying to save was rescued and recovered from the experience.

Bruce and Kevin were hon-

ored 1995 at the National EMS Memorial.

Jeff was honored in the National Fire Fighters Memorial.

This incident brought forth a new respect and educational methods for confined space rescue training, not only locally, but throughout the nation and world wide.

At this time we also remember other Lancaster County EMS line of duty deaths, Ethel Speros, EMT from Willow Street Fire Company, Patricia Riccobono, flight medic Allentown-Sacred Heart Hospital and former medic at Community Hospital of Lancaster and David A Sauder, EMT from Leola Ambulance Association.