



AURORA SOUTH WIEMS MONTHLY UPDATES

DECEMBER 2023

Quote of the Month

"If ifs and buts were candy and nuts, we'd all have a wonderful holiday season!

- Hnknown

How often do you hear people using excuses or hypothetical situations to deflect responsibility or accountability? In the context of a Just Culture, this simple phrase should redirect the focus of the conversation to the actual event, the actions that occurred, and steps that can be taken to enhance safety and performance! Make it a point this holiday season to be mindful to eat less candy and nuts...

Q4 DECEMBER TRAINING DATES

Our Q4 trainings are almost done! If you missed the Q4 training with your department, it's not too late! Sign up to attend any of the following:

- 12/11 7:00-9:00 pm Rochester FD
- 12/19 10:00 am-12:00 pm Tichigan FD
- 12/20 6:00-8:00 pm Whitewater FD
- 12/21 7:00-9:00 pm Town of Norway (Wind Lake) FD

ADDITIONAL DECEMBER EDUCATION

Each month our EMS Medical Directors and Educators provide additional EMS education at area departments. Interested in additional training? Feel free to join us this month for:

Case Reviews & Patient Refusals

- 12/11 7:00-9:00 pm Elkhorn FD @ LAO
- 12/12 9:00 11:00 am Elkhorn FD @ LAO
- 12/13 9:00 11:00 am Elkhorn FD @ LAO

Scan the QR code to access our CME site to view & sign up to attend trainings!



SCAN ME

HEARTS ARE AT RISK THIS WINTER!

As the seasons change, so does the potential for different health complications. With the air getting colder and the snow starting to fall, the upcoming winter weather can pose challenges on the heart. According to the American Heart Association, cardiovascular disease remains the leading cause of death in the United States. The likelihood of cardiovascular complications increases during winter months due to the cold weather. Winter puts extra stress on the heart, lungs, and circulatory system. In cold weather, the body constricts blood vessels, which then causes the heart to work harder and raises the blood pressure. This extra pressure in the circulatory system increases the risk of stroke and heart attack. Remember **BEFAST!** Early detection starts with a good patient assessment. Be on the lookout for at risk patients this winter.

KUDOS...THEY SAVED ONE!



JASON SINNEN & ROBERT BERENS SOUTH SHORE FD

On October 7, the South Shore Fire **Department** responded to a patient experiencing symptoms of a stroke. Through outstanding patient assessment and care, coupled with early detection and prompt communication with **Aurora Medical Center Mount** Pleasant's ED, Tenecteplase was administered successfully just 26 minutes after the EMS team's

Remarkably, the patient was discharged the following day with no residual effects.

In recognition of their crucial roles in this life-saving intervention. South Shore FD Paramedic Jason Sinnen and EMT Robert Berens have been honored with a "Time **Is Brain"** pin. It's worth noting that this

achievement represents the fastest recorded "door-to-needle time" at AMCMP to date. We applaud the dedication and efficiency of our EMS providers and ED staff in ensuring swift and effective care for our community.

HOLIDAY HERO RESILIENCE: KEEPING EMS STRONG AND HEALTHY THIS SEASON

Amidst the chaos of the holiday season, it's easy to let health take a backseat. As EMS professionals, your well-being is crucial. Here are quick tips to prioritize your health:

- Opt for quick, healthy meals and snacks.
- Prep meals on weekends for the week ahead.
- Stock up on energizing snacks like nuts, fruit, and yogurt.
- Be mindful of holiday indulgences and practice moderation.

Physical Activity:

- Incorporate short bursts of movement throughout the day.
- Pair exercise with activities like watching TV or listening to music.
- Embrace winter activities like sledding, skating, or hiking with friends.

Stress Management:

- Set realistic expectations for your time.
- Practice deep breathing when stressed.
- Create a stress-busting toolbox with activities you enjoy. Given the increased risk during winter, be mindful of heart health.

Prioritize self-care to navigate the season's challenges.

Adapted from: AHA Healthcare enews by Heather Klug, Registered Dietician





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Legal Safety Net: Navigating Patient Transport Refusals with Precision by Dr. Steven Andrews

Not taking a patient to the hospital is one of the biggest legal risks that EMS providers face. Nationally, 7-15% of emergency calls involve patients refusing transport, and in some areas, this refusal rate goes as high as 30%. Among these refusals, 2-6% call 911 again and end up being transported, and unfortunately, some of them result in fatalities. To minimize risks for both patients and EMS personnel in these situations, several actions should be taken.

The acronym **FEARS** is a helpful tool to remember the necessary steps.

- F: Full exam. This includes a complete set of vital signs (GCS or AVPU, BP, HR, RR)
- **E**: **Explain the** real risks. Tell the patient what concerns you.
- A: Ask for assistance. Involve family or medical control to help convince the patient.
- R: Record/document the discussion. It is crucial to document the refusal, any advice given, and the patient's understanding of the risks!
- S: Supportive attitude. Respect the patient's autonomy and your duty to protect their well-being,

Ensuring a comprehensive assessment of vital signs, including GCS or AVPU, is crucial to identify potential health issues and provide accurate advice to patients. This includes addressing concerns related to abnormal vitals and determining the need for further evaluation and treatment. Assessing and documenting a GCS or AVPU is an integral part of gauging a patient's capacity to make decisions, especially when it comes to refusing medical care.

During a recent QA review, we specifically examined our documentation practices and discovered that only 40% of our refusal cases included a complete set of vital signs (GCS or AVPU, BP, HR, RR). We know we can do better at assessing and documenting these patient refusals. As an initial goal, we want to have a full set of vital signs and a GCS documented on 85% of charts with patient refusals by the summer of 2024.

As EMS providers, it's important to recognize that opting out of patient transport carries legal implications, and we must carefully consider the potential risks and responsibilities involved. By improving our documentation and assessment practices, we can better uphold the standards of patient care and legal compliance. Don't let your documentation fall through the safety net!

MEDICAL DIRECTOR CORNER: ASK THE DOC

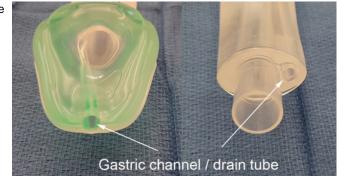
Hey Doc: While working a recent cardiac arrest, I noticed that we were getting a lot of gastric distention when doing BVM ventilations and even after placing the i-gel. Can we start using orogastric (OG) tubes to decompress the stomach?

Dr. Andy Aswegan: I'm so glad you asked this! In our upcoming guidelines, we will be adding a procedure guideline for placement of orogastric tubes. As you mentioned, this is especially important during cardiac arrest, but will also be beneficial for patients who are otherwise unresponsive to help prevent aspiration and improve our ability to ventilate the lungs.

For patients with an i-gel placed, remember there is a gastric port which can be used to place either a gastric tube or a suction catheter. Any provider credentialed to place an i-gel can use this port to place a gastric tube. Our guidelines will list the correct sized tubes for each i-gel. Although a suction catheter is useful for tracheal and oropharyngeal suctioning, it is not ideal for gastric suctioning because it is not long enough to reach the stomach.

Patients who are intubated will also be able to have an orogastric tube placed by a paramedic if they are credentialed. The credentialing process will begin early next year. Have a question? Email any of our docs:

steven.andrews@aah.org andrew.aswegan@aah.org donald.keen@aah.org



HIGH RELIABILITY TOOLS & TACTICS FOR Q4: STAR (STOP-THINK-ACT-REVIEW)

As we finish the year, remember the STAR tactic when it comes to the task at hand. Skill-based errors are sometimes called errors of the hand (not errors of the head) because the act is correct, but the execution of the act is incorrect. Skill-based errors are often caused by:

- Inattention (preoccupation & inadequate mental states)
- Distractions (divided & diverted attention)
- Low alertness (sleepy or fatigued)
- *Time pressures* (both urgent tasks & high workloads)

The **ONE second pause** keeps our **thinking** ahead of our doing and helps reduce skill-based errors by tenfold!

Self-checking using STAR ensures that our hands do what our conscious mind just decided. Make STAR a habit for the new year!





