



AURORA SOUTH WI EMS NEWSLETTER

NOVEMBER 2023

Quote of the Month

"Mastery is in the reaching, not in the arriving."

- Sarah Lewis

In EMS, mastery is not a word we use often. Mastery is not the same as success. For EMS providers, mastery is about constantly wanting to close the gap between where you are and where you want to be.

What will you master this month?

Q4 NOVEMBER TRAINING DATES

Our Q4 trainings will be over before you know it! Plan ahead and attend your department's scheduled Q4 training. If you can't make your department training, sign up to attend any of the following:

- 11/1 - 10:00 am-12:00 pm Caledonia FD Station 12
- 11/2 - 10:00 am-12:00 pm Caledonia FD Station 12
- 11/8 - 7:00-9:00 pm Lauderdale/Lagrange FD
- 11/13 - 9:00-11:00 am Elkhorn FD (at LAO)
- 11/13 - 7:00-9:00 pm Raymond FD
- 11/14 - 9:00-11:00 am Elkhorn FD (at LAO)
- 11/14 - 7:00-9:00 pm Union Grove FD
- 11/15 - 9:00-11:00 am Elkhorn FD (at LAO)
- 11/20 - 7:00-9:00 pm Wheatland FD
- 11/28 - 9:30-11:30 am South Shore FD Station 9
- 11/29 - 9:30-11:30 am South Shore FD Station 9
- 11/30 - 9:30-11:30 am South Shore FD Station 9

ADDITIONAL MONTHLY 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 & OB Emergencies

- 11/15 - 6:00-8:00 pm Whitewater FD
- 11/21 - 6:30-8:30 pm Tichigan FD

Case Reviews & Patient Refusals

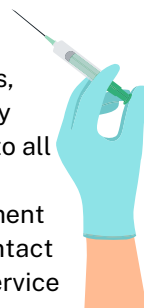
- 11/20 - 6:00-8:00 pm Burlington FD



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

DON'T FORGET TO PROTECT YOURSELF!

It's that time of year! To help maintain a safe work environment and prevent flu transmission to patients, communities, and each other, the flu vaccine is highly recommended. Flu vaccines are currently available to all EMS Agencies under Aurora South WI EMS medical direction. Due to a limited supply, vaccine disbursement will be on a first-come-first-served basis. Please contact our EMS Coordinator Bob Swenarski if you or your service is interested in receiving a flu vaccine.



MEET THE NEWEST MEMBER OF OUR TEAM



We are pleased to announce that Bob Swenarski, AEMT has joined our team as EMS Coordinator for Aurora Burlington & Lakeland. Bob brings over 20 years of EMS experience to this role including: serving on local departments as a pre-hospital

provider, a lead instructor for EMT-B classes, training officer, assistant chief, and chief. In his free time, Bob enjoys spending time on his 10-acre parcel of land with his wife of 47 years. In addition to raising chickens and rabbits, Bob tends to honeybees. He also enjoys wood carving and metal working. Please join us in welcoming Bob! You can contact Bob at:

robert.swenarski@aah.org

Office: 262-743-3424

WELCOME ✨
to the **TEAM**

DRUG SHORTAGE

In order to address the current shortage and prevent patient harm resulting from the inadequate supply of medications, Dr. Andrews has authorized the extended use of the following medications beyond the labeled expiration dates as noted below. This authorization is valid until August 9, 2024:

Medication

Extended Use Date

Fentanyl	24 months (2 years)
Ketamine	24 months (2 years)
Morphine	24 months (2 years)
Hydromorphone (Dilaudid)	12 months (1 year)
Midazolam (Versed)	12 months (1 year)
Amidate (Etomidate)	12 months (1 year)

**EMERGENCY
MEDICATION USE
EXTENDED**

HAVE A QUESTION, CONCERN,
OR NEED FOLLOW UP?

CONTACT US



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DEATHS RELATED TO FALLS ARE ON THE RISE & WISCONSIN LEADS THE NATION!



In case you weren't aware, according to the CDC, **Wisconsin has the highest fall death rate among older adults in the nation!** A recent publication of the Wisconsin EMS and Falls Report noted that in 2022, Wisconsin Emergency Medical Services (EMS) responded to over 130,000 falls. In Wisconsin, falls are listed as a leading cause of injury and death. In addition to causing fatal injuries, falls can also produce long-term health conditions stemming from injuries or loss of confidence in a person's own physical fitness. The 2022 report estimates that the number of falls EMS responds to is increasing statewide by nearly 10,000 a year. As the number of falls and fatal falls continue to increase and Wisconsin's population ages, fall injuries and death will continue to increase, further straining EMS and health care systems. Aurora recognizes change is needed to address the fall crisis facing our EMS providers. Our team is currently developing Fall Prevention Toolkits for EMS providers to *reduce calls for falls!*

DATA SOURCE: CENTERS FOR DISEASE CONTROL AND PREVENTION, NATIONAL CENTER FOR HEALTH STATISTICS, NATIONAL VITAL STATISTICS SYSTEM, MORTALITY 1999-2021 ON CDC WONDER ONLINE DATABASE, ACCESSED JANUARY 24, 2023.

MEDICAL DIRECTOR CORNER: ASK THE DOC

Hey Doc: I know we are supposed to let the hospitals know when a fall patient is taking blood thinners, but why do we need to report aspirin?



Have a question? Email any of our docs:
steven.andrews@aah.org
andrew.aswegan@aah.org
donald.keen@aah.org

Office of Medical Direction: Great question! There are a number of medications, aspirin included, that place a patient at increased risk after a fall. To best answer your question, it's important to understand the triggered chain reaction that results in blood coagulation/clot formation (when blood is transformed from a liquid into a solid gel). Coagulation is the body's most powerful mechanism to stop bleeding, and platelets and fibrin are two key components of that process. **Platelets** do not normally adhere to the smooth surface of blood vessels, but when a vessel is injured, platelets begin adhering to the injured site causing a clumping of platelets (platelet aggregation). As the platelet clump grows, it forms a temporary hemostatic plug to prevent blood leakage. Next, the platelet plug is reinforced by **fibrin** fibers that form a loose, mesh-like net that traps red blood cells and platelets. The fibrin net gradually becomes tight forming a rigid, strong barrier (clot) against further blood loss. There are two (2) main classes of medication that disrupt clotting and increase a patient's risk of intracranial bleeding, or any bleeding related to trauma. **These medications should ALWAYS be documented and reported.**

- **Anticoagulant medications:** Commonly referred to as **blood thinners**, these medications work by preventing the formation of fibrin. As discussed above, fibrin threads entwine the platelet plug forming a mesh-like framework for the clot as it develops at the site of an injury. These medications prevent the blood from clotting, increasing the risk for bleeding. Common medications of this type (aka blood thinners) include:

◦ **Warfarin (Coumadin)** ◦ **Dabigatran (Pradaxa)** ◦ **Enoxaparin (Lovenox)** ◦ **Rivaroxaban (Xarelto)** ◦ **Apixaban (Eliquis)**

- **Antiplatelet medications:** These medications interfere with the clumping of platelets (hence the name) and prevent the formation of a seal at the site of an injury, increasing the risk for bleeding. Common medications of this type include:

◦ **Acetylsalicylic acid (Aspirin)** ◦ **Clopidogrel (Plavix)** ◦ **Ticagrelor (Brilinta)**

Unlike a "Stroke Alert", EMS is NOT responsible to activate a fall alert. However, EMS is responsible for providing the hospital with ALL anticoagulant & antiplatelet medications, including aspirin, during the radio report. This information helps the hospital determine if the patient fits the fall alert guideline and if a fall alert should be initiated. While each hospital has its own guideline to activate a fall alert, the medication history provided by EMS during the radio report is vital information and needs to be accurate! **Stop-Think-Act-Review** for any patient with a suspected head injury and a fall that occurred within the past 48 hours who is currently on anticoagulant or antiplatelet medications.

HIGH RELIABILITY TOOLS & TACTICS FOR Q4:



STAR (STOP-THINK-ACT-REVIEW)

The Aurora South WI EMS Office of Medical Direction embraces the principle that High Reliability Organizations demonstrate behaviors that ensure accountability. This quarter, we are focusing on a tactic known as STAR.

When you Stop-Think-Act-Review (STAR) you internally focus your attention on the task at hand. **STAR is recognized as the BEST tool for avoiding skill-based errors and can be very useful in EMS.** In STAR, you pause for 1-2 seconds, consider the action you're about to take, concentrate and carry out the task, and check to make sure that the task was done correctly and you have the correct result. Before responding to your next situation, think STAR! This will help you make a more positive choice about what you do next!

Self-Check Using STAR

- | | |
|---------------|--|
| Stop | Pause for 1-2 seconds to focus your attention on the task at hand |
| Think | Consider the action you are about to take |
| Act | Concentrate on the task and carry it out |
| Review | Check to make sure the task was done correctly & you got the correct results |



STOP is the most important part of STAR, to give your brain a chance to catch up with your hands. Sometimes people say or think that when you are in an emergency situation, this is when you bypass the "rules". ***This is the time when use of these tools are the MOST critical.***

HAVE A QUESTION, CONCERN,
OR NEED FOLLOW UP?

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