



Aurora Health Care
 South Region EMS
 P.O. Box 400
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South Region EMS Program Newsletter

JULY 2009



A Note from an ED Director: Aurora Medical Center Kenosha

Hey, I am David Farkas, medical director of the Emergency Department at Aurora Medical Center in Kenosha and also President of the Medical Staff. I live in Illinois with my family, but please don't hold that against me! I love working in Kenosha and being part of this community. I completed medical school at the University of Illinois in Chicago, then did an ER Residency at Cook County Hospital. I have also recently completed a master's degree in healthcare management at Harvard in order to better understand and deal with all the changes in health care.

I am a partner and work for Midwest Emergency Associates, a group that staffs 12 ER's all over the Midwest. Our group has been working with Aurora since 2001, and I was just elected Chief of Staff in January 2009.

I want to stress that I feel our EMS providers are all professionals and an integral part of the "team-care" approach to patient care. We rely on your observations, communication, and early interventions. We need to always act in the best interests of our patients, with compassion and respect. As professionals it is our duty to teach each other and hold each other accountable.

This is an exciting time in medicine. We are moving toward better defining quality and acting on best evidence, rather than personal experiences or biases. We are proud of the improvements we have made, and continue to make, in the care of our patients with stroke, trauma, and MI. Please take time to ask one of us about the hours of work and quality improvement efforts not only in the emergency department but throughout the hospital and Aurora system. I feel very strongly that any patient who wishes to be brought to our ED will be transported and cared for, and the patient and EMS providers can expect the highest level of care.

A Note from an ED Manager: Aurora Medical Center Kenosha

Hello, my name is Colleen Kane and I am the new Manager of Emergency Services here at Aurora Health Care – Kenosha. I have been in this position for approximately three months and I have to say it is one of the most exciting and challenging jobs I have ever had. I have been working in the emergency medicine forum for over 15 years, and was also an ACLS transport nurse for 5 of those 15 years.

I want to share that the ER staff and I recognize and appreciate your crucial role in the care of the patients we serve. We have worked very hard over the past three months to make your experience of transporting patients as seamless as possible. We welcome any suggestions you may have to improve this process. I look forward to working with all of you as we continue the journey of providing the highest quality patient care possible.

Aurora South Region Supply Replenishment Program

In an effort to better support the EMS Providers who transport patients to Aurora Emergency Departments we have implemented a replenishment supply program.

The following guidelines must be met in order to replenish supplies, at no cost, to the EMS unit:

- The EMS provider must have a not-for-profit status.
- The EMS provider must provide emergency ambulance services an average of three times per week.
- All billing or claims submission must comply with all applicable Federal health care program payment and coverage rules and regulations.
- The patient transport must be for emergency ambulance transports only.

The following steps must be completed for the replenished supplies and drugs prior to leaving the hospital:

- o Supplies taken must be checked off on a "Replenishment Supply Sheet" (located in the EMS break room.)
- o The squad name, unit number, date, hospital location and the patient name must be filled in.
- o The completed "Replenishment Supply Sheet" must be signed and placed in the black metal EMS mailbox (located in the EMS break room.)

An EMS replenishment supply sheet is included with this memo. The replenishment supply sheet will be updated as items are added and deleted. Not all items on the replenishment supply sheet will be available in all of the South Region Emergency Departments. Please call at the phone number listed below with any questions or concerns.

A huge **Thank You** to Walworth County EMS, Fire and Law Enforcement.

On June 2 and 3, 2009 Aurora Lakeland Medical Center along with the Lake Geneva Fire Department, Lake Geneva Police Department and The Linn Fire Department sponsored the first annual Walworth County Battle of the Badges Blood Drive. Lake Geneva Fire was home to the successful first-time community blood drive. Over 130 donors from Walworth county emergency services participated in this event exceeding our original goal. Sixty-nine first time donors came out and donated blood for this event

The BloodCenter of Wisconsin is the only provider of blood to hospitals in 28 Wisconsin counties including Aurora Lakeland Medical Center in Elkhorn. Walworth County donors should realize the difference that they have made in their community. The BloodCenter of Wisconsin was able to collect 106 units at this drive. With these donations, hospitals and patients will be positively affected.

The official winner of the "Battle of the Badges" was Linn Fire, which was able to collect 27 units of blood. Linn Fire received a traveling trophy and a pizza party for their department.

Nancy Ziolecki, Walworth County BloodCenter Account Representative, said: "Thank you to the Lake Geneva Fire Department for the use of their facility and hospitality. We are proud of your efforts and appreciate all that you do for the community."

This blood drive will now be an annual event. Join the Lake Geneva Fire department in support of local patients at their next drive scheduled for June 1st and 2nd, 2010. Exact times to will be determined.

Outpatient/Observation Patients

Medicare will **not** provide coverage of "observations status" patient home medications while they are in the hospital. If the patient does not bring in their home medications to be administered while in the hospital, all home medications will be billed to the patient. Any new medications will be paid for.

The most common diagnosis we see is: Chest Pain/ possible MI. We are trying to get information out to patients to provide them with the education regarding these changes and would appreciate your help in the community. Please instruct the family to bring in medications from home.

Patient admission Education:

Will my insurance cover this?

- Outpatient services such as these are covered differently than an inpatient hospital stay. Your insurance plan should describe your outpatient benefits.
- Outpatient/Observation does not qualify for Medicare coverage of nursing home placement.
- Medicare and other insurances may not cover your usual medicines (the ones you routinely take at home) that are given during your stay. Please have your medicines from home brought to the hospital.

Can I bring my own medicines in?

Yes, please have your medicines brought in from home. Also note that:

- Your medicines must be in their original labeled containers.
- For safety reasons we cannot allow controlled substances such as prescription sleeping pills or pain pills from home.
- For your safety, please tell your nurse if you have your medicines with you. Your medicines will be safely stored. Do not take these medicines unless your nurse tells you to use them.

Kenosha County Multi Patient Plan

Kenosha County Fire Departments and Rescue Squads have adopted a newly revised multi patient plan. The plan can be found at the following link: <http://www.Aurora.org/EMS>. On this page you will find a pdf copy of the latest revision of the plan and a multi patient plan learning packet.

Also newly adopted by the Association is the use of the SMART Incident Command System® used to tag victims of a multi patient incident. Training of this system can be found in the multi patient plan and in the learning packet.

Pre-hospital ECG's save critical time for heart attack patients

The below article can be found at the following link:
<http://americanheart.mediaroom.com/index.php?s=43&item=493>

Statement Highlights

- Pre-hospital electrocardiograms (ECGs) can significantly reduce the amount of time to reopen a blocked artery after a STEMI heart attack.
- Less than 10 percent of patients with STEMI receive a pre-hospital ECG.
- The main challenge is coordinating the use of pre-hospital ECGs with the entire system of care for heart attack

DALLAS, Aug 13 — Lifesaving procedures to open blocked heart arteries could begin much sooner for heart attack patients if electrocardiograms (ECGs) were recorded before they arrive at the hospital and used to put treatment teams into action, according to a scientific statement in *Circulation: Journal of the American Heart Association*. [Mission:Lifeline](#)

Each year, about 920,000 people in the U.S. have a new or recurrent heart attack, also called myocardial infarction (MI). ST-segment elevation myocardial infarction (STEMI) is a common and especially severe type of heart attack. While there are no exact statistics for STEMI, the number has been estimated between 200,000 and 400,000.

Rapid treatment to reopen the blocked artery is vital because more heart muscle dies the longer it's deprived of blood flow.

Current criteria for evaluating quality of care includes elapsed "door-to-balloon" or "door-to-drug" time — the time span from the moment a patient enters a hospital emergency room until blocked arteries are re-opened either by angioplasty or a clot-busting drug.

However, "the clock starts ticking from the moment a person develops symptoms of a heart attack," said Henry H. Ting, M.D., lead author of the statement and a cardiologist at the Mayo Clinic in Rochester, Minn. "The pertinent measure of system performance is from the time of first medical contact with paramedics or other emergency medical personnel to reperfusion therapy (reestablishing blood flow to the heart muscle)."

Ting and colleagues evaluated progress since STEMI guidelines were first issued by the American Heart Association and the American College of Cardiology in 2004. They were updated last year. The guidelines recommend that all emergency medical services acquire and use pre-hospital electrocardiograms to evaluate patients with suspected acute coronary syndromes. "If pre-hospital ECGs were more widely used and integrated with systems of care, the time from first medical contact to balloon reperfusion could be reduced to less than 60 minutes," Ting said. The recommended goal is 90 minutes or less.

Delays from the time a person has heart attack symptoms to when they receive artery-opening treatment can be divided into four time intervals: (1) symptom onset-to-EMS arrival; (2) EMS arrival-to-hospital arrival; (3) hospital arrival-to-ECG; and (4) ECG-to-reperfusion. Pre-hospital ECG programs, if effectively implemented and coordinated with comprehensive systems of care, have the potential to decrease the latter three time intervals — and eliminate the third one.

The statement presents examples of using pre-hospital ECGs, including systems of care with door-to-balloon times approaching 30 minutes or less. In these systems, pre-hospital ECGs are used to activate the cardiac catheterization laboratory while the patient is en route to the hospital, and the patient is transported directly to the cath lab (bypassing the emergency room evaluation).

Despite the recent recommendations, fewer than 10 percent of EMS systems have adopted the use of pre-hospital ECGs, and the rate has not substantially changed since the mid-1990s.

"Furthermore, even when a pre-hospital ECG is acquired, the information is often not translated into effective action to decrease delays in treatment," Ting said. "It is a lost opportunity to improve the quality of care for STEMI patients if the information from a prehospital ECG is not used to change downstream processes of care."

The reluctance of patients with acute coronary syndromes to call 9-1-1 is a major obstacle to realizing the full public health benefits of pre-hospital ECGs and organizing systems of care. Studies show that more than half of STEMI patients take themselves to the hospital rather than use EMS. In addition, recent studies have shown that the longest delay for STEMI patients — two hours on average — is from the time of symptom onset to hospital arrival, said Ting.

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