Two New Pilots Join Sentara’s Nightingale Team

Former Military Fliers Have 8,000+ Combined Hours In Helicopters

Dale Gauding, Sentara

Norfolk, VA – Sentara’s Nightingale Regional Air Ambulance welcomes two new pilots to the flight team, replacing two long-time pilots who retired.

Joe Sherman is a former Air Force and Coast Guard helicopter pilot with more than 4,000 hours in the cockpit.

Jim Garrow is former Navy and still flies H-60 Black Hawk helicopters for Norfolk-based Reserve Squadron HSC-84. He also brings more than 4,000 hours flight experience to the program and a ready commitment to Nightingale’s community mission.

“It’s an opportunity to provide meaningful flights that help people,” Garrow says.

Sherman and Garrow will replace an original Nightingale pilot, Richard Fedorowicz, who flew the first mission in February 1982 and who recently retired, and another veteran pilot, David Bashista, who also retired during the summer.

“The medical team here is terrific,” Sherman says. “Their safety training with Nightingale makes them very much a part of the air crew as well as the care providers.”

Nightingale flight team members assist the pilot by observing the aircraft externally during pre-flight warm-up, maintaining radio contact with Nightingale’s dispatch center when patients are not aboard, and providing extra ‘eyes’ for the pilot.

Sherman and Garrow join pilots John Stanley and Cameron Ebel and Nightingale’s complement of six flight nurses, 10 flight paramedics and two mechanics.

In February, Nightingale begins its 27th year of accident-free operation, serving a 125-mile radius from its base at Sentara Norfolk General Hospital, which is southeastern Virginia’s only Level I Trauma Center and a highly-sophisticated tertiary referral facility. Nightingale has transported more than 16,000 critically ill and injured patients.

“We’re pretty selective about who joins the Nightingale team,” says Chris Cannon, RN, Nightingale manager and an active flight nurse. “Joe and Jim bring us great flight experience and an understanding of Sentara’s not-for-profit community mission.”

Nightingale Wins CAMTS Accreditation

Nightingale was recently awarded a four-year accreditation from the Commission on Accreditation of Medical Transport Systems (CAMTS) which is the voluntary ‘Gold Standard’ for air ambulance programs. www.camts.org  www.sentara.com/nightingale

Sentara Healthcare is comprised of more than 100 sites of care including 7 acute care hospitals, 5 outpatient campuses, 7 nursing centers, 3 assisted living centers, the 368-member Sentara Medical Group, the Sentara Health Foundation and 15,000 dedicated employees. Sentara also offers a full range of award-winning health plans through its 360,000-member Optima Health Plan, plus home health and hospice services, physical therapy and rehabilitation, mobile diagnostic vans, and ground and air medical transport services, including Nightingale Regional Air Ambulance.
Remember Safety is a High Priority

By Jay Porter

There has been an increase in the number of EMS providers who have been injured or killed while responding to or while on active scenes over the past few months. It seems that each day I am receiving notification about an EMS provider injured or killed in the line of duty. As an EMS provider as well as an instructor, many different thoughts cross my mind. One of the thoughts is the way EMT classes are taught. I also hear the following at every test site, “scene safety, BSI”. I am beginning to wonder if this is just what everyone learns in order to become certified. Do we really implement the concept of scene safety or is it just glazed over in the scene size-up?

I would like to emphasize the importance of responding to the scene safely as well as ensuring the scene is safe prior to entry. Every provider has attended an EVOC course and received a certificate proving they attended. Is this just another certification or do you take what you learned and implement it when you are on duty? I hope that the latter is true and each time you respond to a call for assistance, you respond in such a manner that promotes safety for you as well as the citizens. Driving safely will prevent the majority of accidents involving emergency vehicles. Remember that just because you are driving fast, with lights and sirens does not automatically give you the right of way. Respond safely and obey the traffic rules as they apply to you in your emergency vehicle is always the best policy.

Upon arriving at the incident scene, what should be the next step? You may notice a sea of blue and red lights, a house darkened without any lights on, menacing animals, a large irate crowd gathering, puddles of various colors of liquid or electrical wires sparking. Now is the time to stop and think about your safety. If you get injured unnecessarily it places a bigger burden on your partner and the system. As you approach the scene, slow down and pay attention; make your decisions based upon the dispatch information as well as what you observe. Responding to domestic disputes, psychological emergencies, attempted suicides and overdoses should raise your awareness of what you may find upon arrival. Most agencies, when responding to these types of incidents allow for and encourage the request for law enforcement response as well.

Remember that it is always important to place a high priority on safety to all involved in any incident. Safety for yourself, responding agencies, the public and the patient should be a high priority 24 hours a day 7 days a week while on or off duty.

EVHSA Board approves 200-bed
Sentara Princess Anne Hospital

By Dale Gauding, Sentara Healthcare Public Relations

The board of the Eastern Virginia Health Systems Agency approved the Certificate of Public Need application for a 200-bed hospital on the Sentara Princess Anne campus, to be run as a joint venture by Sentara Healthcare and Bon Secours Virginia.

The EVHSA board also approved the COPN application for a 124-bed replacement hospital for Bon Secours DePaul Medical Center in Norfolk.

The recommendations now go to the Virginia Department of Health planning staff in Richmond for review. The final decision on the Princess Anne application will be made by deputy health commissioner Dr. James Burns.

Editor’s Note: A state health department review in late February recommended a 130 bed Princess Anne facility.
Nominate someone today for your Regional EMS Council Awards in one of the following categories:

• Excellence in EMS
• Pre-Hospital Instructor
• EMS Administrator
• Contribution to EMS
• EMS Telecommunications Officer/Dispatcher
• Pre-Hospital Provider
• EMS Physician
• EMS Agency
• Nurse with Contribution to EMS
• Scholarship - Contribution to EMS by a High School Senior

$1,000 Regional Award and a $5,000 State Award

The winners of the Tidewater Regional Awards will go on to compete for the Governor’s EMS Award. Visit www.tidewaterems.org for nomination forms and information.

Submit your nominations by May 1, 2009!
Prevalence of Methicillin-Resistant Staphylococcus Aureus Colonization In EMS Providers.

By Barry Knapp, MD

Understanding the epidemiologic spread of methicillin-resistant Staphylococcus aureus (MRSA) is an important aspect in limiting the pathogen’s prevalence in a community. As emergency medical service (EMS) personnel are potential portals of infection both into and out of the hospital, knowledge of their MRSA colonization status may have implications on limiting the further spread of this organism. The prevalence of nasal MRSA colonization in EMS providers is not documented in the current literature.

We conducted a prospective cohort study to determine the prevalence of MRSA nasal colonization among EMS providers in our community. Our sample included EMS providers from the City of Norfolk Fire Rescue (single tiered combined Fire/EMS agency; 499 EMS providers; 18,450 annual transports; in Norfolk, Virginia (pop. 234,403). Participants completed a questionnaire and had nasal culturing. Cultures were grown on Spectra MRSA medium. Data collection took place from April 15, 2008 to December 2, 2008.

Of 136 EMS providers enrolled, one (0.7%) tested positive for MRSA colonization.

The prevalence of MRSA nasal colonization among EMS providers in our urban EMS system was exceedingly low.

Chesapeake Fire Department: 12-Lead STEMI Recognition

By: Gary Burke, EMS Training Officer

It has been documented that patients who experience a dangerous form of heart attack known as STEMI (ST Elevation Myocardial Infarction) are more likely to survive and have positive outcomes if they can receive reperfusion therapy within a 90 minute time period after reaching the Emergency Room.

Over the past year CFD and Chesapeake Regional Medical Center have joined forces to help reduce the Door to Balloon (D2B) time of patients with STEMI. By reducing the D2B time patient’s arteries are opened more quickly and more heart muscle is saved, thus giving the patient a better quality of life.

On November 17, 2008 the Chesapeake Fire Department (CFD) took the first step in going live with its first digital transmission of a 12-lead ECG to CRMC Emergency Room physicians. The platform being used is called the “Lifenet STEMI Management Solution from Physio-Control”. The system is a web-based application that allows units on the scene to transmit a digital 12-lead ECG right to a desktop PC on the ER physician’s desk. Currently the department has six LP12 units capable of sending the 12-lead to the ER with plans in place to upgrade and replace older units over the course of the next year.

The system works by allowing the medics in the field to recognize a STEMI and notify the receiving facility (in our case CMRC ER). When a patient has complaint of Chest Pain (or has anginal equivalents and risk factors) a 12-lead ECG is performed in the field; it is then transmitted across a wireless network to the Lifenet system. The medic then notifies the staff at the ER that a 12-lead ECG has been sent. At this time the Lifenet system has already uploaded to the site and sends an alert to the ER, Cath Lab and the Cardiology department. The ER physician can then confirm the STEMI and place the lab and Cardiologist on standby. When the patient arrives at the ER the patient is transferred almost immediately to the Cath Lab cutting out minutes of valuable time to the patient.

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Chesapeake Fire Department: 12-lead STEMI Recognition
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The Chesapeake Fire Department is proud to be in partnership with Chesapeake Regional Medical Center with a clear goal of improving the “Quality of Life” of the citizens of Chesapeake and its surrounding communities. Since the first 12-lead on November 17th the system has already registered patients to the Cardiac Cath Lab with times of less than 35 minutes from calling 911. That is a significant change; as prior STEMI patients would have typically waited upwards of an hour or more before getting to the Cardiac Cath Lab costing them valuable heart tissue.

For more information or questions about the Chesapeake Fire Department’s 12-lead ECG STEMI program please email gburke@cityofchesapeake.net.

Welcome to MedWAR (Medical Wilderness Adventure Race) where we combine wilderness medicine with adventure racing to create unique events designed to teach and test wilderness survival and medical skills. The event is open to anyone 18 years or older regardless of medical knowledge or experience. Participants receive an event t-shirt, goody bag, and post-race meal. Volunteers receive a t-shirt, post-race meal, and entry into the volunteer raffle.

The next Mid-Atlantic MedWAR will be held on March 28th, 2009 at Newport News Park, Newport News, VA.

Racer Registration and Volunteer Sign-Up are now open!

Go to http://www.medwar.org/midatlantic

CME credit available:
7.5 hrs AMA PRA Category 1 Credits™ and
7 hrs Virginia Nurses’ Association Continuing Education Credits
Advanced Life Support EMS provider CE Credit (pending)

2009 Keynote Speakers

We’re excited to announce two excellent keynote presenters at the 2009 conference.

Amal Mattu, MD
Renowned Author of Retired Phoenix Fire Chief

Alan Brunacini, MPA
EKG & Cardiac Emergencies Books and pioneer of the Fire Science industry

Please go to www.ccpem.org to register.
Space will be limited to the first 200 registrants!
Guidelines published in the January 2009 release of the MMWR Reports and Recommendations are aimed at ensuring that trauma patients with more severe injuries are taken to trauma centers designed to handle such injuries. The recommendations designed to standardize decision-making at the injury scene also offer guidance on new technologies such as vehicle crash notification systems, which alert emergency services that a crash has occurred and automatically summon assistance.

The guidelines in the publication of the Centers for Disease Control and Prevention were developed by CDC and key experts in trauma care.

The report provides the rationale and development process for the revised 2006 Field Triage Decision Scheme: the National Trauma Triage Protocol for emergency medical service (EMS) providers. It was compiled by key trauma care experts to provide broader access of the information for emergency care services. The goal is to guide the nation’s 800,000 EMS providers in making crucial field triage transport decisions.

Previous CDC-funded research has shown that decisions made at the scene of the injury are vital. The risk of death of a severely injured person is 25 percent lower if the patient receives care at a Level 1 trauma center, which has additional resources specifically designed for care of severe trauma.

“Quality and timely care at an injury scene by EMS providers are integral to determining the severity of injury, initiating medical management, and identifying the most appropriate facility to which the patient should be transported,” said Richard C. Hunt, M.D., director of CDC’s Division of Injury Response, National Center for Injury Prevention and Control and an author of the report. “The Decision Scheme provides a safety net that the public won’t see. But we know it can help improve the chances of survival for severely injured patients.”

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Other key revisions include:

- Recommendations for the right place and right time to best use crucial emergency care resources
- Vehicle crash damage criteria which can help determine which patients may require care at a trauma center

The Decision Scheme was developed in collaboration with the American College of Surgeons Committee on Trauma with support from the National Highway Traffic Safety Administration (NHTSA). It was reviewed by the 36-member National Expert Panel on Field Triage, which included representatives from EMS, emergency medicine, trauma surgery, the automotive industry, public health, and several federal agencies.

The Decision Scheme has been endorsed by many professional organizations and associations. It was included in the 2006 versions of the American College of Surgeons' Resources for the Optimal Care of the Injured Patient, and the National Association of Emergency Medical Technicians' Prehospital Trauma Care Life Support manual for EMS practitioners.

The revised guidelines are in line with the 2006 Institute of Medicine report on the state of emergency care. The report envisioned a highly coordinated emergency services system that assures that each patient receives the most appropriate care, at the optimal location, with the minimum delay.

With additional funding from NHTSA, CDC is developing a companion educational initiative for local EMS medical directors, state EMS directors, public health officials, and EMS providers. Educational materials will be tailored to meet the needs of their communities and include: a user’s guide, poster and pocket card of the Decision Scheme, a slide presentation for use in trainings, and the MMWR article that includes continuing education opportunities.

Information and free downloads are available from CDC at www.cdc.gov/FieldTriage. For a complete copy of the MMWR report, please visit www.cdc.gov/mmwr. For more information about CDC’s work in injury and violence prevention, please link to: www.cdc.gov/injury.

Editor’s Note: The state office of EMS Trauma System Oversight and Management Committee will be considering these recommendations. At this time, EMS providers are urged to follow existing regional and state trauma triage guidelines and direction received from online medical control.
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NEWS BRIEFS


Congratulations to David Long and Tom Watson on having reached a five year milestone with the our organization. Both began with the MMRS program on 2/20/04. David is now our MMRS Strike Team Coordinator (part time) and Tom is an MMRS Program Specialist (part time). Both are also employed full time with the Chesapeake Fire Department.

Drowning and Hypothermia
Guest Speaker: Ed McLaughlin, M.D. Medical Director of Emergency Services Thursday, April 2 2009 6:00 - 8:30 P.M.
Sentara Princess Anne
1925 Glenn Mitchell Drive, Suite 210 Conference Room
FREE. RSVP to 1-800-SENTARA by Monday, March 26, 2009

Provider Spotlight
Congratulations to John Wannamker. He received his 20 year National Registry Certificate this year!
John is an EMS Supervisor for Medical Transport LLC.
Way to go JOHN!!