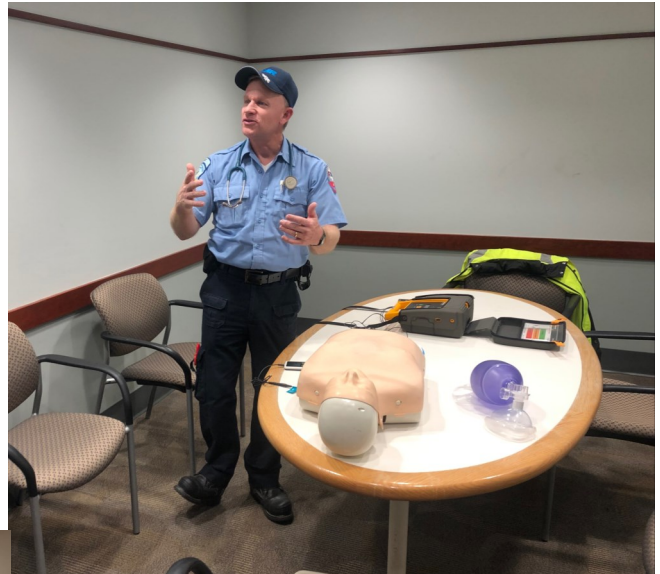




Recent EMS Skills Fair

Waterbury Hospital recently hosted an EMS Skills Fair for BLS and ALS providers that included stations for CPR, CPAP, Trauma and Stroke Protocols, 12 Leads, Cardiac Rhythms, and Cricothyrotomy. The stations were taught by a few employees from AMR along with Justin Lundbye, SVP and Chief Medical Officer, Monika Nelson, Trauma Program Coordinator, Dayna Failia, Stroke Coordinator, and some of our Trauma Team Surgeons at Waterbury Hospital. The event brought in a large amount of EMT's and Paramedics from the region. The training will take place again later in the year and will be especially good with the change in CT EMS and getting recertified.



Stroke Update

I want to express my gratitude to everyone in EMS for your continued efforts in providing care to our strokes. Since the implementation of the new process of EMS going straight from door to CT scan with stroke patients, there has been a significant difference. In January, the average time for t-PA administration to acute ischemic stroke patients was 35 minutes, well below the 45-60 minute standard. We could not have achieved this milestone without your efforts, so thank you!

As of January 1, 2019, a new core measure for stroke has taken effect, requiring us to track door in-door out (DIDO) times for stroke patients. This is the time measured from when the patient arrives to our ED to when they are transferred out to another hospital. Not only are we required to track the DIDO time, but also the type of stroke patients being transferred (i.e. Ischemic or hemorrhagic). This new requirement has inspired me to implement a stroke transfer form to better help us record this data while standardizing the transfer process for stroke patients.

The Acute Stroke Transfer Form is initiated by the ED RN and includes a section on acute management according to stroke

type as well as a transfer checklist to be completed in the ED. At the time of transfer, the RN will hand a copy of the checklist off to EMS for it to be continued while in route to the accepting hospital. The checklist for the transport team recommends continuous cardiac and pulse monitoring, as well as vitals and neurological checks every 15 minutes. The back of the form provides an area for EMS to document assessments during transport. Upon arrival to the accepting facility, EMS is to give the form to the patient's nurse. Handing this form off essentially provides the new care team with a detailed report of the patient's status from one hospital to the other (and in between).

During the transport of an acute stroke patient, it is crucial to monitor for obvious changes in vitals and signs of neurological deterioration. The Acute Stroke Transfer Form provides a place to record these continuous assessments while promoting a standardized process for stroke transfers. Please be sure to use this form for all stroke transfers out of Waterbury ED going forward. As always, feel free to contact me with any questions, comments, or concerns. Thank you for all you do and keep up the great work!

-Dayna Failla, MSN, RN (Stroke Coordinator)



NREMT Update

If you didn't hear about the changes, starting in 2020. CT EMS personnel will be required to get CME's instead of taking the refresher course we are used to. There is also the option to become certified at the

NREMT level. Joel Demers of CT OEMS was at Waterbury Hospital on January 23rd, to speak about the changes coming to Connecticut. We also had an excellent turnout from multiple EMS locations within New Haven, Litchfield, Hartford. and Fairfield Counties.

Waterbury Hospital – Trauma Time

With winter upon us, we are all experiencing extremely cold temperatures – what does this mean for our trauma patients? Experiencing an injury is bad enough, but being injured and cold is much more serious.

Hypothermic trauma patients (when the body’s core temperature < 36°C [96.8°F]) are less likely to survive their injuries. Hypothermia creates a “lethal triad” along with metabolic acidosis and impaired coagulation, which significantly worsens the chances of recovery from a critical injury.

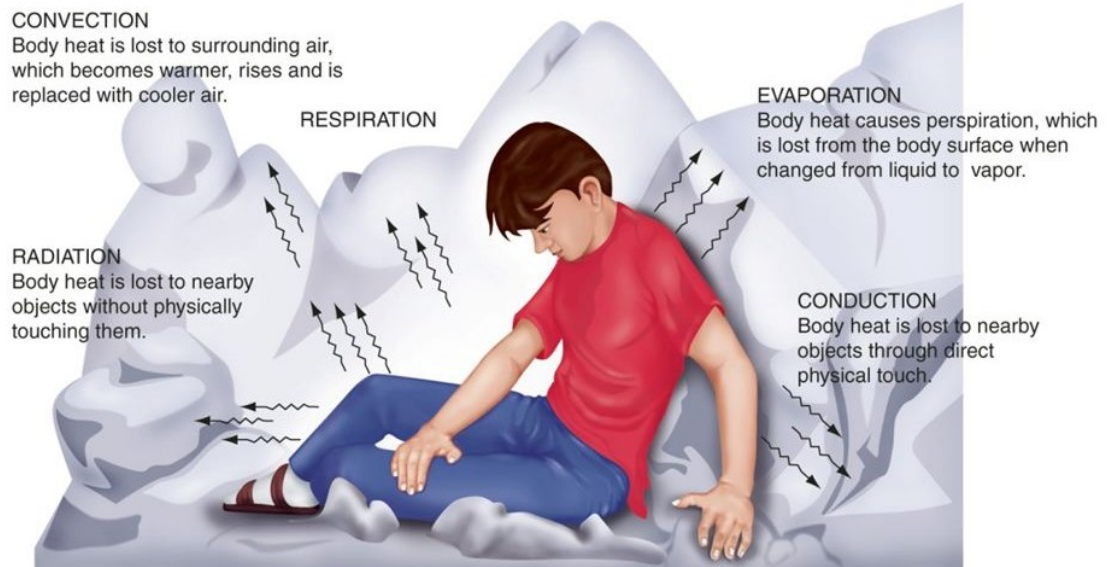
How does a trauma patient become hypothermic?

The body can quickly lose heat when faced with prolonged exposure to cold ambient temperatures.

The patient may not be able to control it well (young children and the elderly have impaired thermoregulatory mechanisms). Certain medications, drugs, and alcohol may also impair the body’s ability to control heat loss.

How can we reduce hypothermia in this cold weather?

Avoid SHIVERING – shivering means that hypothermia is beginning. Shivering increases oxygen consumption by



the muscle cells, and the goal should be to avoid the onset of shivering in trauma patients.

Keeping the patient covered – blankets, sheets, and emergency foil blankets can be very effective in retaining body heat, especially during extended extrications.

Remove any wet clothing prior to warming measures.

WARMED fluids – infusing large amounts of IV crystalloid fluids in trauma patients not only worsens the ability for the blood to clot, but also can unintentionally cool the body. Warmed IV fluids will help the trauma patient prevent hypothermia.

Any questions, thoughts, ideas, concerns, or feedback in regards to the care of the trauma patient at Waterbury Hospital? Please contact Monika Nelson, Trauma Program Coordinator – monika.nelson@wtbyhosp.org

- Monika Nelson, MSN, RN, CEN

Flu Update

According to the CT DPH, the activity for this flu season remains at “Widespread” for week 5. 1120 out of 1147 hospitalizations have been Influenza A. There have been a total of 877 cases in New Haven County and 131 cases in Litchfield County. CT has had 22 deaths due to the flu.



Twiage Update

We will be delivering a memo to your ambulance services along with some additional information regarding strokes and traumas that can be posted for your members.

If you have any suggestions or questions pertaining to EMS including patient follow-ups, please contact us at ems@wtbyhosp.org.

Upcoming Events:

Waterbury Hospital - CME - April 18, 2019 12-4PM

- Opioid Epidemic Conference presented by CT DPH and OEMS in the Bizzozero Conference Room
- Registration is on the CT OEMS website

Waterbury Hospital - May 22, 2019, 6-9PM

- Awards Ceremony and Dinner for EMS, Fire and Police
- Save the date!!!