



# F-M AMBULANCE SERVICE

# VITAL SIGNS

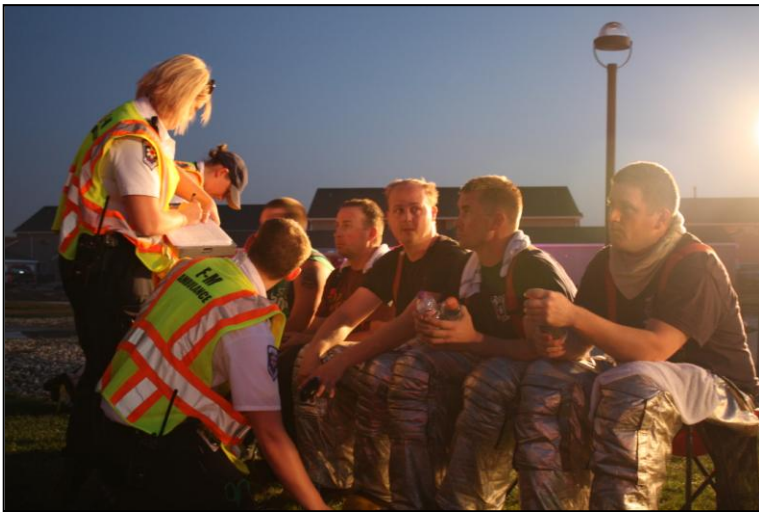


Winter 2010

Compassion, Excellence, Community Service

## F-M Ambulance Responds to Apartment Fire

F-M Ambulance Service, along with many other agencies, responded to an apartment fire at the Galleria Apartments on Monday October 11<sup>th</sup>. F-M paramedics and EMTs provided rehab service for the local fire departments that were entering the building and fighting the fire.



## Did You Know...

That the Emergency Medical Education Center at F-M Ambulance (EMEC) has partnered with the North Dakota State College of Science (NDSCS) for paramedic school! The partnership officially began in August of 2010, but talks to accomplish this began over two years ago. EMEC is very excited about the new partnership!

## Hagen Recognized

For over 25 years, students in the paramedic program at F-M Ambulance Service have been learning their phlebotomy skills (collecting blood) from Joan Hagen. In May, Hagen was given a recognition plaque and F-M Ambulance Service jacket for her years of work with these students. Hagen is retiring after over 25 years of helping F-M's students. Her expertise in phlebotomy will be missed at F-M Ambulance Service!



## ESO

F-M Ambulance Service has experienced some big changes lately, but our patients most likely won't see them. In September, F-M decided to change its electronic patient care report (ePCR) provider from EMS Pro to ESO.

To choose which ePCR provider fit best with F-M Ambulance Service, a focus group conducted phone interviews and web demonstrations with 20 different providers. That list was narrowed down to four, who met in Fargo for face-to-face demonstrations. The process was started in July of 2009; ESO was chosen in June of 2010 and was fully implemented in September 2010.

There were many features that the group liked about ESO. F-M Ambulance Service no longer needs to worry about server upgrades and backups - that is all part of ESO's service agreement. The software is written specifically for the Toughbooks that F-M uses in the ambulance. ESO was also able to provide an education account for paramedic students so they can practice using electronic patient care reports.

Contributed by Jon Rude

## Lawler Wins Research Award

Ron Lawler is new to EMS research but you wouldn't know it by looking at his most recent addition to the trophy-shelf in his office. Lawler managed to beat three other oral presenters and nine other poster presenters from around the United States ultimately taking home the prize for best research.

Lawler's team studied the number of team-leads that paramedic students need in order to be successful on the Comprehensive Paramedic Exam (CPE), formerly known as the OSPE Exam. They found that paramedic students should focus their attention on abdominal and cardiac calls in order to improve their critical thinking skills. The team, led by Lawler, also found that students should participate in at least 45 medical calls as a team leader in order to obtain a 73% or greater on the CPE. This is important as the CPE has been consistently found to be extremely accurate at predicting first-time pass rates on the National Registry of EMT's cognitive exam. Lawler's efforts highlight a greater overall commitment to EMS education research by the whole EMEC team. Great job, Ron!



Contributed by Sherm Syverson

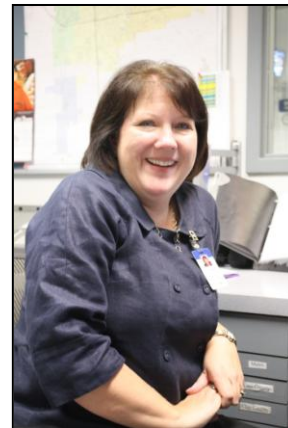
## Education Department

The Emergency Medical Education Department at F-M Ambulance Service has some new faces. Amanda Voss was recently hired as the administrative assistant after Shawn Hanson accepted a position as the Human Resources Specialist at F-M Ambulance Service. Amanda previously worked for Fargo Public Schools.

Denise Vetter was recently hired as the CPR and First Aid coordinator. Denise previously worked as a home health care provider. She is also a certified athletic trainer and worked as a trainer for Orthopaedic Associates. If you or your business are interested in a CPR or First Aid class, please contact Denise at (701) 364-1739.

# Susan Jarvis

Susan Jarvis was recently named the Vice President of Emergency, Trauma and Critical Care at Sanford Health. In that capacity, Susan has responsibility for the Emergency Department, Critical Care (ICU), Lifelight and F-M Ambulance Service.



Susan is originally from Atlanta, Georgia. She previously worked in Asheville, North Carolina where she was the Administrative Director of Emergency Services. She was responsible for the Emergency Department, Mountain Area Medical Airlift, Regional EMS, chest pain observation and the house administrators. Prior to working in Asheville, she was the Director of Nursing for Emergency Services at Greenville Memorial Hospital in Greenville, SC, where she was responsible for the Emergency Trauma Center (Level I Trauma), Supplemental Staffing Team, Behavioral Health Sciences and Interim Director of Nursing for the Children's Hospital.

Susan has a Master's Degree in Nursing, and her clinical background is in the Emergency Department and Perioperative Services. Susan and her husband have two daughters, ages 19 and 22. Susan's husband and youngest daughter have relocated with her, and are making their home in Ulen, Minn. on a 12 acres hobby farm that they love!

## New Employees

Welcome!

• Ryan Abrahamson	EMT	Thief River Falls
• Jennifer Christensen	Dispatch	F-M Ambulance
• Jill Keskitalo	EMT	F-M Ambulance
• Sean Knodel	Paramedic	F-M Ambulance
• Peter Kvale	EMT	Thief River Falls
• Vaughn Larson	Reimbursement Specialist	F-M Ambulance
• Jane Lyons	EMT	F-M Ambulance
• Jordan Michaels	EMT	Thief River Falls
• David Rodgers	EMT	F-M Ambulance
• Michael Scott	Paramedic	F-M Ambulance
• Emily Seaberg	Paramedic	F-M Ambulance
• Justin Shobe	Paramedic	F-M Ambulance
• Kahl Skoglund	EMT	Thief River Falls
• Anthony Timm	Paramedic	Thief River Falls
• Brandi Trowbridge	Reimbursement Specialist	F-M Ambulance
• Denise Vetter	Education	F-M Ambulance
• Amanda Voss	Education Assistant	F-M Ambulance
• Pat Ward	Paramedic	F-M Ambulance
• Luke White	Paramedic	F-M Ambulance



## Don't Forget...

Refresher time is here again. Whether you are a First Responder, an EMT or a Paramedic, there are many different options for you when it comes to refreshers and continuing education requirements. The best place for information is the National Registry website, [www.nremt.org](http://www.nremt.org). Remember, if you are an EMT or a Paramedic, you have the option to take the National Registry exam instead of attending a refresher and doing continuing education hours, but you only have one chance to pass it. For other options please check our website, [www.fmambulance.com](http://www.fmambulance.com). Don't wait until the last minute to start your refresher or continuing education – get it done early so you don't have to worry about it in February and March!

# The Clinical Corner

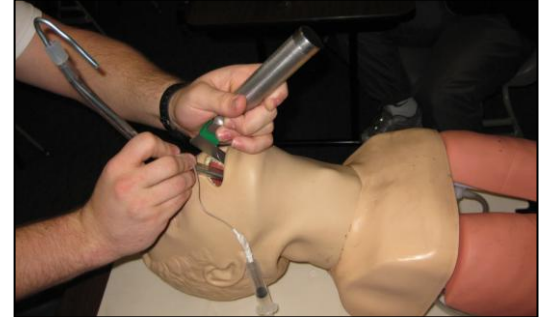
By Tim Meyer, Quality Resource Manager

F-M Ambulance has recently implemented RSI into our protocols. RSI is Rapid Sequence Intubation or sometimes called Rapid Sequence Induction. It's an advanced procedure to place an endotracheal tube for a patient that is responsive and in a non-fasting state. Since they are in a non-fasting state they are at a higher risk of aspirating their stomach contents. The core procedure includes sedation (so the patient isn't aware of the procedure), and paralysis to facilitate placing the endotracheal tube.

Patients who are in severe respiratory distress but have a gag reflex and a natural resistance to having an airway placed in their oropharynx are candidates for RSI. These folks can benefit from aggressive airway management in the field. Often by the time they call for EMS their condition is very poor.

RSI is a complex procedure that requires substantial judgment by the EMS provider. Select Paramedics have been chosen to be trained as RSI medics at F-M Ambulance Service. The criteria includes a minimum of 4 years experience at FM Ambulance, crew leader on at least 1,150 ambulance calls, at least 6 successful field intubations, and RSI medics must also have satisfactorily completed an RSI training course.

We have added Etomidate (sedative), Succinylcholine (paralytic), Vecuronium (paralytic), and Rocuronium (paralytic) to our formulary. We have also added a refrigerator to the ambulances because Succinylcholine and Rocuronium require refrigeration for extended storage.



## Gerhardt Receives Award

George Gerhardt has been awarded the Preceptor of the Year Award for 2010 from the Emergency Medical Education Center at F-M Ambulance Service.

Ron Lawler, paramedic school instructor, said, "because of George's hands-on approach with his students and great interaction between the paramedic program instructors, he was chosen as Preceptor of the Year".

George was awarded a plaque at the company meeting in June. George has been a paramedic with F-M Ambulance for six years, and previously worked in Minot as a paramedic. Congratulations George!



## Citizen Lifesaving Award

Becky Graham was recently honored with the F-M Ambulance Service Citizen Lifesaving Award.

Graham played an instrumental role in saving her friend, who was staying at her home with his wife. When the victim went into cardiac arrest, his wife told Graham, who immediately went to the aid of her friend by performing CPR until F-M Ambulance arrived with Moorhead Fire and Police.



When paramedics arrived on scene, Advanced Cardiac Life Support procedures were administered. Prior to leaving the scene, the patient's heart beat was restored and he was showing signs of great improvement.

Becky Graham received the F-M Ambulance Service Lifesaving Award for her part in performing CPR and being the first link in the "Chain of Survival". This award is given to community members who are instrumental in helping during an emergency.

# The Rural Roundup

By Bob Klein, Liaison Coordinator

Greetings from Bob Klein a.k.a. Farmer Bob.

Refresher season is here – we will soon be busy holding refresher courses at F-M Ambulance Service and other places throughout the county. There are some new refresher options this year, so make sure to check out our web page and see what is new!

Recently, Ethel Grieger received an award for 25 years of service with the Buffalo Quick Response Unit in Buffalo, ND. Ethel is very involved in the community with the promotion of emergency response services. She is also very active in senior citizen groups, church and school events. Congratulations Ethel!



Kay Heuer of the Leonard Quick Response Unit in Leonard, ND also received an award from the first responder organization for 25 years of service. Kay has served as the President and manager of the Leonard Quick Response Unit. Kay has also been a past recipient of the Jerry Decker award. Nice Job Kay!



## Winter is Here!

It's that time of year again when the colder weather brings along with it snow and ice. Unfortunately, during the nice summer months, many people seem to forget how to drive on the snow and ice that comes with winter! Here are some winter driving tips:

- Carry a car safety kit – this should include blankets, matches, candles, high energy dry foods, a flashlight with spare batteries, a first aid kit, map, ice scraper, flares, tow and battery jumping cables, folding shovel, a bag of sand, winter gloves, cell phone, and an emergency HELP sign that you can put in the back window if you need help.
- Be more observant. Visibility is often limited in winter by weather conditions. Slow down and watch for vehicles that have flashing lights, such as snowplows.
- Check your tires. Make sure they are properly inflated and the tread is in good condition.
- If stalled, stay with your vehicle and try to conserve fuel while maintaining warmth.
- Check weather reports with the State Highway Department before leaving for trips.
- Always keep your gas tank at least half full in case you get stuck somewhere.
- Let your engine warm up while you clear off any snow or ice on your car.
- Remember to clear snow off of the front and rear lights and all windows.
- Bridges and overpasses freeze quickly, be careful on these surfaces.
- Make sure your windshield wipers are in good shape and work well.
- Allow extra time to get places when weather is not perfect.
- Decelerate well in advance of a stopping point or turn.
- Try not to travel if blizzard conditions are expected.
- Always wear your seatbelt – it could save your life.



## In Memory

Jay Bohnenblust, a manager at F-M Ambulance Service for over 12 years in the 1970's, recently passed away. Jay worked first as an EMT and then became manager. He is credited with creating a card file system that was used for many years for every patient that was transported by F-M Ambulance Service. Jay took an ambulance home with him every night, as he was the back-up for the one crew that was working at night. Jay enjoyed taking pictures of F-M Ambulance Service and the ambulances that were in use in the 1970's. Many people who have worked at F-M Ambulance Service in the past will remember and miss Jay.

# CPR Update

It's time again for the guideline update from the American Heart Association. Every five years the AHA, in collaboration with other worldwide organizations, analyzes many scientific studies that relate to resuscitation and cardiac care. Those that have been around during these updates know that it can be confusing to keep up with the changes. The 2010 guideline update has included some large changes to CPR, but you may be relieved to know that many of the things we learned from the 2005 guidelines are still in place. Here are the highlights affecting CPR for all levels of provider.



## A-B-C to C-A-B

The largest change to CPR is the sequence of steps. We are used to the Airway-Breathing-Circulation mnemonic that leads our patient approach. With the 2010 guidelines, research is suggesting that we should not start with airway. The new approach is called C-A-B or Compressions-Airway-Breathing.

This new C-A-B approach will begin with the same “shake and shout” to check for responsiveness and then call for help and an AED. The next step will now be to start chest compressions immediately (pulse checks are only performed by healthcare providers). The chest compressions are then followed by opening the airway and giving two rescue breaths, then continuing with cycles of chest compressions and breaths. The “look, listen and feel” has been eliminated from this sequence.

## Hands-Only™ CPR

It seems like there has been a lot of confusion about Hands-Only™ (compression-only) CPR. The current recommendation is for bystanders not trained in CPR to begin continuous compressions without rescue breaths immediately for a person that suddenly collapses. Hands-Only™ CPR is easily understood by untrained bystanders and can easily be described over the phone by an emergency dispatcher. However, rescue breaths are still recommended for people trained in CPR. Continuous compressions can be used if the provider does not have a barrier device and it is a witnessed cardiac arrest of an adult.

## Things that have stayed the same

Several things have stayed the same or been slightly updated.

- Chest compression rate should be at least 100 per minute.
- The breath to compression ratio is still 30:2 for adults and 1 rescuer child/infant (15:2 for two rescuer child/infant).
- The depth of compressions for adults should be at least 2” and ensure full chest recoil between compressions. Child/infant depth should be 1/3 the depth of the chest.
- AED's can now be used across all age ranges (infant through adult)

For more information on the recently published 2010 guidelines, visit [www.heart.org/cpr](http://www.heart.org/cpr)

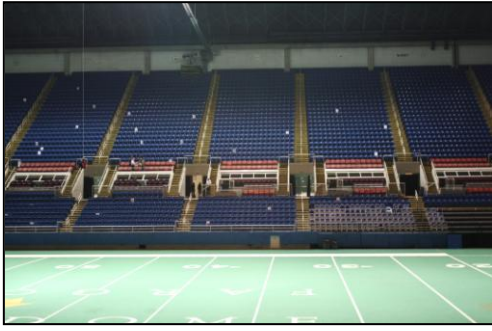
Contributed by Steve Siedschlag



## Dobberstein Honored

Darla Dobberstein was honored for her work with F-M Ambulance Service at the company meeting in June. Dobberstein was recently named Executive Vice President of Orthopaedics, Neurology and Rehabilitation at Sanford Health. Darla had worked with F-M Ambulance for many years through Sanford Health. She worked very closely with many F-M Ambulance supervisors during the flood of 2009 and was a very familiar face around the building. Everyone at F-M Ambulance Service wants Darla to know that she will be greatly missed!

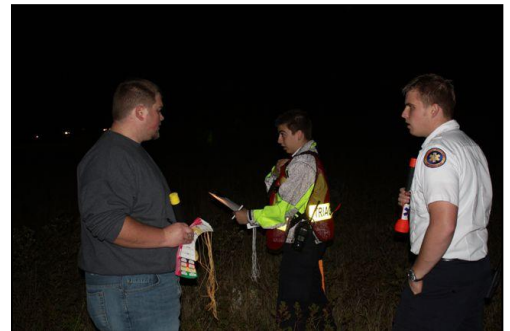
# MCI Drills Held



F-M Ambulance Service worked with the Fargodome to set up a mock-shooting disaster scenario at the Fargodome as part of the April company meeting. F-M Paramedics and EMTs had to triage and move over 30 patients when a shooting broke out during a rival football game. Patients were found in the bleachers and taken to two different triage points in the Dome. Communication was difficult because of the sound during the football game.



In August, a mock-tornado tore through a school in Fargo. Crews worked to triage the patients (grey MCI dummies) and load them for transport to Innovis. Two ambulances were used along with the MCI bus, which held 20 adult and child patients. Innovis took the triaged patients and treated them in their Emergency Department.



A night-time MCI drill was held at Rendevous Park in West Fargo on October 7<sup>th</sup>. A mock-plane crash was set up, and crews responded to the park and had to search for the 14 victims who were scattered. This scenario was held at night in order to see if F-M Ambulance had all of the equipment that was needed for a nighttime disaster and in order to see if any other equipment was needed.

All of the nighttime MCI equipment was used in a real disaster only four days after this training. On October 11<sup>th</sup>, F-M Ambulance used all of the same equipment at the Galleria Apartment Fire.



We hope that you have enjoyed this edition of "Vital Signs", a quarterly newsletter distributed by F-M Ambulance. If you would like to be on our mailing list for Vital Signs, or if you have any ideas, questions, or comments about "Vital Signs", please contact Kristi at (701) 364-1759, or [kristi.engelstad@fmambulance.com](mailto:kristi.engelstad@fmambulance.com).