

University of Arizona Medical Center South Campus - Base Hospital Newsletter

EMS Connected



The University of Arizona Medical Center South Campus Hospital Update

Article submitted by Sarah Frost
Chief Administrative Officer

This was a busy and exciting year for the newly named The University of Arizona Medical Center South Campus; we announced our partnership with The University of Arizona Medical Center University Campus, unveiled our new name, constructed a helipad, and opened the Behavioral Health Pavilion and new Emergency Department. I want to thank each of you for going through this journey with us.

I have worked on this campus for over ten years and have witnessed the incredible growth that you, as EMS providers, have brought to our medical center. When University Physicians Healthcare took over this facility in 2004, we could only dream that in a few years our emergency department would care for over 41,000 patients a year and average 800 EMS visits per month. Without your support we wouldn't have had the opportunity to build a new Emergency Department or expand trauma services to better serve the residents of Southern Arizona.

We are quickly approaching the New Year and I am looking forward to completing the renovation of the old Emergency Department and continuing the process to become an accredited Level III Trauma Center.

In 2012, we will also begin constructing a new Diabetes Center and Family Medicine Center to improve clinical outcomes for people living with diabetes and provide patients better access to primary care. I am excited for the continued growth on our campus and I look forward to updating you as we get closer to completing these projects.

Thank you again for all of your service and dedication; we would not be where we are without you.

Have a Safe and Happy Holiday!

Table of Contents

<u>Article</u>	<u>Page</u>
Cover Page	1
EMS Medical Director	2
Base Hospital	3
Emergency	4
Trauma	5
Toxicology	6
Cardiology	7
Education & Classes	8
Mount Lemmon	9-10
Southwest Ambulance	11
Air National Guard	12-13
Tucson Airport	14
Tucson Fire Department	15
Base Hospital Extra	16
EMS CE's	17-18
Pictures	19

EMS CONNECTED

2011 Fall Edition—4th Quarter



THE UNIVERSITY OF ARIZONA
MEDICAL CENTER
South Campus

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Using Aztec Simulation for the South Campus Airway Lab

Article submitted by Daniel Beskind, MD

Every year we offer an advanced airway lab for the agencies based with The University of Arizona Medical Center - South Campus. Traditionally, we in the past have used frozen pigs throats to review our surgical airway (cricothyrotomy). Although this was effective, we decided to collaborate with main campus and John Jarred, who runs the Aztec Simulation lab this year to try something different.

The Aztec Simulation Lab has several manikins that are extremely high tech and offer life like anatomy and real-time feedback so that the pre-hospital providers can be given actual scenarios. The manikins' vital signs can be programmed to reflect the interventions provided or the lack of interventions.

John Jarred set up a simulation with a patient who was intoxicated and involved in a motor vehicle crash who had significant facial and multiple system trauma. Looking at the patients vitals and hypoxia and Leforte type 3 facial fractures with cranial dissociation, the paramedics quickly realized regular laryngoscopy and nasotracheal intubation would not be advised, they therefore did a cricothyrotomy. The medics also realized he had multiple rib fractures and performed a needle decompression. It is amazing how real the blood and sputum are in appearance and texture and the "goo" as it is called is highly recommended for your next Halloween costume. Creating a interactive scenario allows the provider the ability to process multiple bits of information simultaneously and gives active feedback on their performance.

The medics also had the opportunity to perform video laryngoscopy with a glide scope and perform direct laryngoscopy as well. Standard stations were built into the lab time to review adult and pediatric intubation, intraosseous, and cricothyrotomy with tissue that bled.

It was a highly successful afternoon and we hope to be able to offer it again in the future and appreciate the ability to use the simulation lab.



Year End Vision:

I would like to thank all of our agencies and providers for their dedicated service and the opportunity to work with them. A special thanks to Mary McDonald and Eryq Hastings for their tireless efforts to provide the best education and opportunities for the EMS community. As we move forward, we hope to create even more educational opportunities and collaborate in new innovative ways over the year to come. Wishing you all a safe and happy holiday.

EMS Medical Director



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Mary's Corner 2011 – South Campus Base Hospital

Article submitted by Mary McDonald

As 2011 slips into 2012, much has occurred with the UAMC-South Campus Base Hospital. Many of the goals that were set in 2010 for 2011 were achieved, some were not.

Quality education that is evidence-based for prehospital providers has been one of the most important goals for the South Campus Base Hospital. Education for EMS will remain a steadfast goal that will always be at the forefront. The Base Hospital believes that this goal although never-ending, has been achieved for the fiscal year of 2011 providing close to 200 CE hours to our EMS partners. In 2011 evidence based continuing education has been provided to EMS as they have filled venues. The motto *you build it they will come* is true.... and starting in 2012 the South Campus monthly CE's have partnered with Tucson Fire Administration to host the monthly 2 hour Base Hospital CE. In 2012 the EMS provider can consistently have a physician taught CE at a state of the art facility that has the seating capacity for those seeking educational opportunities.

In 2011, the recently completed 4 Days of CE for the recertifying provider was a success. The CE Days allowed the EMS provider a way to access required education at no cost, picking and choosing individual CE's for recertification. In this economy, it was emotionally fulfilling to be able to help the provider achieve recertification goals in a cost-effective manner. Arivaca, Nogales, TFD, SWA/RM, Aspen Fire, Avra Valley, Raytheon, Green Valley, AZ State Parks, US Border Patrol, Tubac, Rio Rico, T.O., Desert Diamond, Sonoita Elgin, San Carlos, Tombstone, AirEvac, Helmet Peak, AZ Ambulance and Golder Ranch were among those who came for a few CE's, 1 day, or all 4 days. Each site was filled and appreciative of the educational opportunity.



4 days of packing venues

A big Thank you to Tucson Fire Department and Southwest/Rural Metro for hosting days 2 & 3 at your wonderful sites. Thank you AirEvac and John Jarred for providing Simulation labs for hands-on learning for the CE attendee's. Special thanks go to Ronald Salik, MD, Norma Battaglia, "Skipper" and Paramedics Neil Gago, Eryq Hastings, Julietta Scroggs, and Ryan Wyatt. Lastly, a tally showed 75% of the CE's presented were ED physician taught. Impressive!

The PCR QA/QI system used by South Campus has been successful providing Report Cards that can assist the provider in identifying their strengths and weaknesses in the all too important aspect of documentation. Unfortunately, as time slipped by the Provider Portal for real-time viewing has not been accomplished as yet, but a new year is right around the corner.....

2011 was the time for many educational *firsts*; and this is true of the University of Arizona Medical Center's Simulation Aztec Lab which South Campus utilized for the end of the year Airway Lab required of based Paramedics. Enough can't be said about the amazing opportunity for "life-like" hands-on education!

EMS Connected, the Base Hospital Quarterly Newsletter (what you are reading) has a new exciting look and is filled with wonderful articles which feature many of the UAMC-SC based agencies and the South Campus EMS partners.

In closing as 2012 rings in the New Year, be assured that education will continue to take priority at UAMC-South Campus Base Hospital. The 5th Annual Mega CE, CE Days, Monthly CE's, Departmental CE's and the list goes on..and on..and on..will definitely continue!

To all of South Campus' based agencies and EMS partners, from the Base Hospital Medical Director Daniel Beskind, Paramedic Eryq Hastings and me "Have a Safe & Happy Holiday"

EMS Base Hospital



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Emergency Department Update

Article Submitted By Jacqueline DeBeche

This year, 2011, has passed very quickly for all of us who work in the Emergency Department. This has been a year filled with change.

In April, we transitioned to a completely electronic medical record with patient tracking, nursing and physician documentation and physician order entry.

In August, we moved into the new 33 bed, beautiful and spacious, Emergency Department and transitioned Urgent Care to a Fast Track model and moved them into the old ED South. We also have a spacious helipad with room for two helicopters.

In November, we completed a week trial of stationing the laboratory within the ED for 12 hours a day. This was a successful pilot and for the next three months we will have this service available.

The current project we are working on is Level 3 Trauma. Minor construction of the ceiling is just about complete and we are preparing our application with a goal of January 2012. Our EMS partners have entrusted us with the care of their patients and our volume has increased by 20 %.

We have an awesome team of professionals working in the UAMC South Campus Emergency Department and I am proud to be a member of this team.

Thank you for all you do for our patients and the community. Happy Holidays, Jackie



EMERGENCY



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Trauma Services

Trauma Surgeon Donald (D.J.) Green, MD, U.S. Navy Veteran, Joins The UA Department of Surgery

Dr. D.J. Green also serves as Medical Director of Trauma Services at the University of Arizona Medical Center – South Campus.

U.S. Navy veteran **Donald (D.J.) Green, MD**, has been appointed associate professor of surgery in the University of Arizona Department of Surgery and medical director of trauma services at the University of Arizona Medical Center – South Campus.

Dr. Green served as a general surgeon for 10 years in the U.S. Navy, where he completed tours in Iraq and Afghanistan. He then spent six years at the Navy Trauma Training Center at the Los Angeles County Medical Center, preparing doctors, nurses and other staff members to care for wounded soldiers in the trauma centers in Iraq and Afghanistan.

Dr. Green received his medical degree at the University of Washington, Seattle, and completed his residency training at the University of Arizona. He completed a fellowship in surgical critical care at the University of Southern California, Los Angeles.

He is a member of Fellow American College of Surgeons, Navy Chapter of American College of Surgeons Committee on Trauma, Association for Surgical Education, Special Operations Medical Association. He has coauthored more than 38 publications. His research focuses on injury prevention.

“Dr. Green has extensive clinical experience from his service in the military and at the Los Angeles County Medical Center, one of the nation’s busiest trauma centers,” said Peter Rhee, MD, chief, Division of Trauma, Critical Care and Emergency Surgery. “He is a respected surgeon and we are fortunate to have him join our team.”



Dr Green since being appointed as the Medical Director for Trauma Services for UAMC - South Campus has provided multiple speaking engagements for the SAEMS region. “I am looking forward to working with each of you in a non-threatening, professional environment and am committed to creating a working partnership with EMS”. D.J. also added “I like what I see out in the field and foresee a bright productive future for the South Campus, Trauma Services and EMS”.

Have a Safe and Happy Holiday

TRAUMA



EMS Connected

Holiday Exposures and the Arizona Poison and Drug Information Center

Keith Boesen PharmD, CSPI (Director), F. Mazda Shirazi MD, PhD, FACEP (Medical Director)

As the fall and winter holidays approach and the year comes to an end, we at the poison center start to see a shifting trend in the calls. Parents call us worried about their children and pets biting into or eating things associated with the holidays—things like holiday decorations, poinsettias, mistletoe and chocolate. Fortunately most of the exposures are minor and there are no serious consequences.

Holiday decorations are often treated as a foreign body and the treatments depend on the actual product ingested. Glass ornaments and small lights have been ingested by young children but as technology advances, so do some of the products available around the holiday season. For example, small button batteries or disc batteries are becoming more common in decorations and toys making them more available to young children. Ingestions of these simple objects can cause serious adverse events including esophageal perforation and death. The battery can get lodged in the esophagus; it can maintain an electrical current across the tissue causing tissue destruction. These ingestions should be treated seriously and require a trip to the hospital for x-rays to locate the battery.

Plant ingestions (poinsettia and mistletoe) are also common this time of year as people use them for decorations and usually put them in easy to reach areas for children and animals. Poinsettias have long been thought by the general public to be toxic but this is just not true. This myth dates back to a reported death of a child in 1919 who reported ingested one leaf. This has never been reported since and research back in the 1970's indicated no adverse effects from even very large doses in rodents. It is possible to be allergic to poinsettia or have a mild upset stomach from the ingestion but no serious effects are expected. The toxicity of the mistletoe greatly depends on the type, not all varieties are considered toxic.

Chocolate is a common gift at the holidays and tends to fall into the wrong hands, the family dog. Chocolate is known to be toxic to dogs and has been fatal. Ingestion of chocolate can cause dogs to have vomiting, agitation, stimulation, heart arrhythmias, seizures and death. The amount of chocolate needed to cause toxicity varies on the size of the dog and the type of chocolate. Some chocolates contain more of the ingredient known to be toxic to dogs.

It is always appropriate to contact the Arizona Poison and Drug Information Center for specific information on the toxicity and treatment of these types of ingestions. We have an incredible staff of pharmacists and physicians answering the phones with an average of 16 years experience in toxicology. We are a free public service to provide both emergency and nonemergency information. **800-222-1222**

2011 year to date exposure and information calls:



Plants	778
Scorpion Stings	2,494
Rattlesnake Bites	198
Total insect and reptile bites	4,540
Total pharmaceutical calls	32,235
Total non-pharmaceutical calls	15,299

TOXICOLOGY



EMS Connected

Improving on Excellence

Article submitted by Kwan S Lee MD FACC
Assistant Professor of Medicine
Director Cardiac Catheterization Laboratory
Director Cardiology Clinic - South Campus

The adoption and successful achievement of 90% door-to-balloon times less than 90 minutes in the last 5 years at PCI-capable hospitals from a 40% rate has been nothing short of revolutionary and is a clear testimony to the dedication and focus of our cardiology, EMT and emergency medicine community in translating science to public benefit. These success rates have been mirrored in Europe with the efforts of the Stent for Life initiative.

It is not, however time to rest on our laurels, and we need to focus our attention now on the larger picture, to ensure these hard-won benefits can be further translated to the greater public. Up to now, performance metrics have focused primarily on PCI-capable hospitals. Only 31% of hospitals in the US have primary PCI capability and the expansion and refinement of regional STEMI systems will be the next big challenge with further inclusion of our non-PCI capable fellow hospitals in the accountability of care. The national median door-in, door-out (DIDO) time, which represents the amount of time spent at a non-PCI capable hospital prior to transfer to a PCI-capable hospital is currently 68 minutes. A DIDO time of < 30 minutes has been associated with improved in-hospital mortality.

The establishment of regional STEMI systems is crucial for future gains in outcomes, but we have much of our work cut out to overcome local, economical and geopolitical barriers to the widespread adoption of these processes.

An excellent ongoing debate is also currently focusing on the movement to recommend routine cardiac catheterization for out of hospital cardiac arrests in patients with or without ST-elevation on ECG once other causes are ruled out. Given the overall poor outcome of this cohort, many cardiologists remain reluctant to take these patients to the lab due to the punitive effect of both public domain and non-public domain reporting systems of procedural-related mortality outcomes. To encourage potentially dramatic gains in survival in this cohort which have been demonstrated in some series, we will need to look beyond the numbers and establish compassionate use / exceptional risk exclusion criteria in this era of public metrics.

We are poised to improve on excellence.

I would like to take this opportunity to wish you all a happy holidays and the warmest season's greetings. Thank you for all your hard work and dedication in the continued effort to ensure the best possible cardiac care for southern Arizona. We look forward to another amazing year.

Coming in 2012:

A new STEMI reporting tool is in the works for our EMS crews. This single page report will be full of information related to the immediate care of our STEMI patients. Report will include: EKG upon presentation, angiographic pictures of the culprit lesion before and after intervention, all pertinent times where treatment or patient contact has been made, a brief description patient chief complaint and treatments provided and lastly, a listing of the personnel that help provide this critical care.

UAMC- South Campus Door to Balloon Averages

Quarter	STEMI's	Avg, D2B/Min	Avg. YTD D2B/Min
1 st	9	70.6 minutes	70.6 minutes
2 nd	4	71.3 minutes	69.5 minutes
3 rd	8	53.3 minutes	63.3 minutes
4 th	6	49.3 minutes	61.1 minutes

CARDIOLOGY



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2012 AHA Basic and Advanced Courses



THE UNIVERSITY OF ARIZONA
MEDICAL CENTER

South Campus

AHA Basic Courses

BLS January-June 2012

Jan 3 rd	0800-1200
Jan 19 th	1200-1600
Feb 7 th	0800-1200
Feb 16 th	1200-1600
Mar 14 th	0800-1200
Mar 21 st	0800-1200
Apr 3 rd	0800-1200
Apr 18 th	0800-1200
May 10 th	1200-1600
May 25 th	0800-1200
Jun 7 th	1200-1600
Jun 20 th	0800-1200

BLS July-December 2012

Jul 3 rd	0800-1200
Jul 25 th	0800-1200
Aug 7 th	0800-1200
Aug 30 th	1200-1600
Sep 12 th	0800-1200
Sep 27 th	1200-1600
Oct 11 th	1200-1600
Oct 25 th	1200-1600
Nov 6 th	0800-1200
Nov 22 nd	1200-1600
Dec 6 th	1200-1600
Dec 19 th	0800-1200

To register for classes posted on this calendar please contact the Education Department at education@uph.org or call 874-4268

AHA Advanced Courses

2012 ACLS & PALS Initial 2-Day & Renewal Courses

Jan 14th, – ACLS Renewal Class
Jan 28th, – PALS Renewal Class

Feb 25th & 26th – ACLS Initial 2-Day Class

March 3rd - ACLS Renewal Class
March 24th & 25th - PALS Initial 2-Day Class

April 28th - ACLS Renewal Class

May 12th – PALS Renewal Class
May 19th & 20th - ACLS Initial 2-Day Class

June Resident Month

July 14th & 15th - PALS Initial 2-Day Class
July 28th - ACLS Renewal Class

August 11th - ACLS Renewal Class
August 12th - PALS Renewal Class

Sept 15th & 16th - ACLS Initial 2-Day Class

October 13th & 14th - PALS Initial 2-Day Class
October 28th - ACLS Renewal Class

November 17th - ACLS Renewal Class

December 1st - PALS Renewal Class
December 8th & 9th - ACLS Initial 2-Day Class

AHA Courses are provided at no charge for UAMC-South Campus Based Personnel.

UAMC—South Campus Continuing Education 1st Quarter

2012 Monthly Physician Taught CE

Monthly - 3rd Thursday 1000-1200
Site: Tucson Fire Central
January 19th Overdose
February 16th Allergic Reaction

Air National Guard & Tucson Airport

January 12th, 0900-1100 Basic Start EKG
February 9th, 0900-1100 12-Lead Part 1
March 8th, 0900-1100 12-Lead Part 2

Upcoming Conferences

EPICC Conference Pediatric Conference

February 18th & 19th, 2012
Registration flyers will be distributed electronically in January 2012

5th Annual Mega CE March 15th, 2012

Registration flyers will be distributed electronically in January 2012

EDUCATION



EMS Connected

Heater and Fire Place Safety Tips

Article submitted By Chief Randy Ogden

The Mount Lemmon Fire District wants to remind everyone of a few tips to keep this winter safe.



Heating Systems-

Cold weather means many residents will be turning on heating systems that have not been used since spring. Before heating systems are turned on, they should be checked to make sure they will operate properly and safely. A family member can do this, but remember to read and follow all instructions carefully. Instructions are supplied by the manufacturer and usually are located on the inside door cover near the pilot light. If you can't locate the instructions or you're unsure of what you're doing, call a professional service person or someone qualified to insure the job is done correctly. Clean furnace/heater area and exhaust ducts of debris such as bird nests and leaves.

FILTERS-

Filters should be changed at the beginning of the season and then checked monthly to make sure they are not clogged or blocking airflow. Remember most fires involving furnaces will take place in the cold hours before dawn when the furnace must work the hardest and people are sleeping most heavily.

Before starting gas or electric furnaces be sure no combustible items such as boxes are stored near the unit. Never use furnace/heater rooms for storage.

Fire Places-

Prior to lighting your fireplace, check the chimney for obstructions like bird nests or leaves. Open the flue completely. Use a spark-resistant screen in front of the fireplace to keep hot embers inside the fireplace. Never leave a fire unattended.

Gas furnaces-

Before turning gas on, check gas line for cracks or loose fittings. Follow manufactures instructions for starting the furnace.

With the cold weather months approaching, families need to protect themselves from carbon monoxide poisoning. Carbon monoxide, a deadly yet common household poison produced by fuel burning appliances, claims many the lives each winter.

Always remember to replace the safety panel on your furnace. Test smoke detectors once a month, and change batteries once a year.

Because carbon monoxide is odorless and tasteless, it can be extremely difficult to detect and the symptoms often mimic the flu.

The Mount Lemmon Fire District offers these tips to protect your family from carbon monoxide:

- Install a UL-approved carbon monoxide detector. An adult should install the detector, with an audible alarm and warning, outside their sleeping area and on each level of the home.
- Have household appliances fueled in alternative ways. Certain appliances can be fueled by gas, oil, kerosene or wood. Remember to keep them regularly inspected and maintained.

Low-level exposure to carbon monoxide over a long period of time can be just as harmful as high concentrations over a short period of time. Even with annual maintenance of appliances and flue systems, you never know when a malfunction might occur. A detector performs the important job of monitoring air quality in the home at all times.

Mt. Lemmon Fire



EMS Connected

Do You Know What To Do When Emergency Vehicles Approach?

Article submitted By Chief Randy Ogden



The Tucson area is often crowded and congested with traffic conditions caused by collisions, work zones, holiday shoppers and winter visitors. Emergency vehicles are also impacted by these conditions. When somebody calls 911 for help – firefighters and paramedics respond, often with lights and sirens. How can everyday drivers help us to help you? – Normally, drivers will **HEAR us** first, next they will **SEE us**, and then we need drivers to **CLEAR for us**.

HEAR US - SEE US - CLEAR FOR US. C - L - E - A - R For Emergency Vehicles.

C – Calmly pull to and as close to the right edge of the roadway as possible and STOP.

L – Leave room. Keep intersections clear and never try to follow emergency vehicles.

E – Enter into traffic with caution after the emergency vehicle has passed. Remember to use signals.

A – Aware (be). Be aware of your surroundings. Watch for additional emergency vehicles. Often, multiple emergency vehicles will respond to serious incidents i.e., house fires, serious car crashes, etc. Keep your radio volume low or turn the radio off - the emergency vehicle operator may direct you to a safe area. Check rear view mirrors frequently.

R – Remain stopped until the emergency vehicle has passed. Be mindful that there may be additional emergency vehicles approaching.

When approached by an emergency vehicle – the law states to pull over to the right edge of the roadway and yield the right of way to emergency vehicles. An emergency vehicle is one with an audible siren and emergency flashing lights. When driving and approaching an emergency scene – slow down and move over. In other words - **“Give us a brake!”** Keep moving and be aware of additional approaching emergency vehicles.

Reduce the risk of an accident near an emergency scene and around emergency equipment. **Stay alert** – expect anything to occur when approaching emergency vehicles. **Pay close attention** – watch for police or firefighter directions. **Turn on your headlights** – let emergency workers and other motorists see you. **Don’t tailgate** – unexpected stops frequently occur near emergency scenes. **Don’t speed** – slow down. **Keep up with the traffic flow** – dedicate your full attention to the roadway and those traveling around you. **Minimize distractions** – avoid changing radio stations and/or using cell phones while approaching or leaving these areas. Expect the unexpected – keep an eye out for emergency workers and their equipment. **Be patient** – remember, firefighters and paramedics are working to help someone - that someone could be one of your family members!

During the busy holiday season, traffic safety issues should be front and center for all of us. If you travel by car this season, please place extra emphasis on safety. Spending a few extra seconds to cinch the belt on your child’s safety seat, or delaying departure to ensure you get enough rest before a long trip can make all the difference. Preventative safety, while measured in seconds or minutes, can save you from months or years of anguish, grief, and "what if".

Be Safe' this holiday season and help the Emergency Responders help you.

Mt. Lemmon Fire



EMS Connected



Rural Metro/Southwest Ambulance Roll Out ePCR

Article submitted by Lisa Daftarian

Rural Metro/Southwest Ambulance is proud to announce the roll out of our new ePCR program on November 1, 2011.

It has been both an exciting and gradual process for RM/SWA beginning with the upgrade of our CAD system earlier this year. Upon completion of the CAD upgrade, a beta test team was selected and began the transition phase of ePCR into the field.

Project leaders for the ePCR Program are Southwest Ambulance's Kevin Burkhart, CEP and Rural Metro's Captain Mark Andrews, CEP. They have both worked endless hours and have been



Thumbs up for ePCR

diligent in building and customizing the program design to be specific to our operational needs. They have both taken call 24/7 to answer crew questions, troubleshoot problems and monitor system status assuring its overall success.

On November 1st several units went live with ePCR. We are making great strides daily within the integration process. Crews are excited to be moving away from paper and having the convenience and efficiency of an electronic patient care form.

"I think it's great, it's becoming a lot easier once you get use to the process" said Paramedic Jason Southard.

We look forward to having the implementation completed in the next few weeks and are excited for our future as part of the electronic records generation.

Wishing everyone a safe and happy holiday season.

Southwest Ambulance



EMS Connected

162nd Minuteman Award

Article submitted by Peter Arnold MSgt USAF ANG, Paramedic



On October 1st 2011, the Tucson Air National Guard 162nd Fighter Wing awarded University Physicians Healthcare Base Hospital (now known as The University of Arizona Medical Center - South Campus Base Hospital) its annual 162nd Minuteman Employer of the Year award. UAMC – South Campus received the military award for their continuing efforts to support the 162nd Air National Guard Fire Department. UAMC- South Campus Base Hospital was recognized for providing quality clinical experiences as well as educational opportunities for the Air National Guard Fire Department and the community of Emergency Medical Services. .

The Base Hospital EMS Medical Director Dr. Beskind and the South Campus Base Hospital has been actively building a relationship with the 162nd Air Guard Medical Group. This relationship between the two entities is beneficial for future emergency department and military medical professionals. The award also recognized the efforts of the South Campus Emergency Department staff and ED Physicians who provide care and treatment for many of the airmen that are medically ill or injured; as well as the hiring of 162nd fire personnel into the UAMC – South Campus Emergency Department.

Accepting the 162nd Minuteman Employer of the Year award was South Campus Base Hospital Manager Mary McDonald, who was accompanied by EMS Medical Director Daniel Beskind, MD. Arizona Brigadier General Michael Colangelo, Commander, Arizona Air National Guard presented the Base Hospital with the award at the recent award Air National Guard Hero ceremony.



Dr. Daniel Beskind & Mary McDonald were all smiles after receiving the award.



Dr. Daniel Beskind EMS Medical Director & Dr. Christopher Schmelzer who was on hand to watch the Base Hospital receive the award!

Congratulations to UAMC - South Campus

Air National Guard



EMS Connected

2nd Annual Night Flight with the Docs

Article submitted by Peter Arnold MSgt USAF ANG, Paramedic



On October 20th, 2011 the Air National Guard Fire Department hosted the 2nd Annual Night Flight. Night Flight is a special night for the Emergency Department Residents and Emergency Attending Physicians to come to our fire station. This venture was created to institute a better understanding of what specialty fire departments do and train for; as well as learn about the large specialty equipment that is utilized for military and commercial airliners.

At 1630 the ED Physicians and their spouses/friends and visiting dignitaries received a history of the Air Base and a guided tour of the two-story station. During the station tour the doctors were like kids left unattended in a candy store, sliding down the station fire pole and enjoyed rides and learned about the ARFF vehicles. The Air Guard Fire Department also performed an F-16 Fighter Jet egress exercise for the visiting group, simulating an F-16 crash were they could see our ARFF and Rescue trucks in action.

Cooking for all the Doctors and guests that night was ANG's own shift chef Jorge Valdez. Jorge had prepared slow cooked pork sandwiches, his famous jalapeno cole-slaw, a spicy pasta salad, chips and mouthwatering salsa. Home brewed cinnamon tea topped off the meal. What an outstanding menu!

After dinner, all were taken to the Tucson Airport Authority Fire Department, our brother fire department. Physician dignitaries were given a ride in the fire trucks the others (1st year and 2nd year Docs) rode the shuttle bus provided by TAA fire department. The physicians and visiting dignitaries all received a guided tour of the station as well as learned about the history of the Tucson City Fire Department. The visiting group also was given the opportunity to learn about and partake in the use of the specialty Airport Water Tenders (water trucks) that also spray foam.

As darkness surrounded the entire group, the runways began to rumble as the main show was at hand. Ear plugs were provided to all guests as they lined the runway. All eyes watched as the F-16 Fighting Falcons with the engines running at full throttle gracefully lifted off the runway. The F-16 jets at full-throttle creates a bright burst of flame from the back of the jet which is an amazing visual show. Well, you just had to be there to experience it. On behalf of the Air National Guard Fire Department I would like to thank all the ED Physicians and their spouses/friends and distinguished guests, Ms. Jackie DeBeche, Ms. Norma Battaglia and Kevin Burkhart for joining us at the Tucson Air National Guard Fire Department & Base.



ANG Egress team



ANG fire fighters releasing the pilot & securing the F-16

Air National Guard



EMS Connected

AIR TRAVELING TIPS

Article submitted by Charles Glover



The Tucson Airport Authority Fire Department wants to help you this holiday season have a safe enjoyable airport experience getting to and from your destinations this fall.

Book Early - many of the airlines are offering great deals now for the fall.

Plan Ahead - Check with your airline for the recommended airport check-in time. Most airlines recommend arriving at the airport 45-90 minutes prior to your scheduled departure time.

How to get through the Line Faster –

- Pack an organized carry-on bag; prepare 1 quart sized, clear, plastic, zip-top bag of liquids; do not wrap gifts.
- Before passing through the advanced imaging technology remove all items from your pockets, belt, bulky jewelry, body piercings and remove your coat and shoes.
- Have your laptop and bags available for screening
- You will need your boarding pass and identification to proceed past the checkpoint.

Hassle-Free Security Tips

- Wear slip on shoes – this will allow you to remove and replace your shoes without needing to sit down.
- Traveling with children – take infants and children out of baby carriers, strollers and walk with them through the metal detector. The strollers and carriers will go through the X-ray machines.
- Traveling with pets – remove animals from their carrying case and send the case through the X-ray machine. Hold your pet while you pass through the metal detector.
- Think before you speak – belligerent behavior, inappropriate jokes and threats will not be tolerated, this could result in delays, missing your flight and a run in with the local law enforcement if deemed necessary.

TSA reminds travelers to be vigilant during the holiday travel season by reporting suspicious activity to local law enforcement. The traveling public plays an important role in security, so “If You See Something, Say Something.”

MOST IMPORTANT BE SAFE!

Information obtained for this article has included information from the Tucson Airport Authority web site and the Transportation Security Administration web page. For further info regarding air traveling please visit www.tsa.gov

Have a safe & Happy Holiday Season



TAA & AirEvac mobile OB Sims Lab learning the importance of maternal assessment and infant delivery

Tucson Airport Fire



EMS Connected



City of Tucson 911 Communications Center

Article Submitted by: Captain Carl Mare'
Tucson Fire Department / Fire Communications



Tucson Fire Department took responsibility of the City of Tucson 911 Communications Center on August 19th of this year. We have in place a “core team” consisting of an assistant chief, 2- deputy chiefs and a captain. Since then we have established priorities and are working hard to improve the workplace and the product we provide.

We immediately recognized that the people here are our greatest asset. They are talented, dedicated and do exceptional work. We understand the stress and rigors of the job so have provided them with access to exercise equipment and a workout facility. Staffing was, and continues to be, an issue.

Since taking over we have hired 2 - 911 Operators, 4 - Dispatchers, and 4 - temporary employees. This is great news as it will take the load off our Public Safety Department (PSD's) and Operators. Task Groups have been established to involve our employees in the process of making change. Decision making from the “bottom up” is how we're looking at things. After all, we are new at this. There is a lot of knowledge and experience here that we rely on. One exciting thing that was developed through a task group is the communications logo. A contest was held with 33 submissions and the winning entry will be printed on the new TFD Communications t-shirt and displayed proudly in the Comm Center.

City Communications dispatches for 5 fire agencies other than Tucson Fire. As responders we are able to identify with their needs and provide a better service. We look forward to a continuing, productive partnership with the Northwest Consortium. We're also looking at how the center does business. For instance, our MEDS dispatchers spend a lot of time on the phone with hospitals. Might there be a way to transfer patient information electronically? We're looking at that. Is the call process or call flow efficient? We're looking at that too. Hopefully our efforts will provide consistency to those that use our service.

There is a lot going on and we are excited to be a part of it. I would encourage questions and visits to the Comm Center. Please feel free to call.

City Communications wish everyone a safe and happy holiday season!

Tucson Fire



EMS Connected

CPAP and the EMS Provider

Article Submitted by Steven Whiting, MD

Imagine you are called to a scene. You find a 56 year old male patient in his home sitting upright in his chair who is having obvious shortness of breath. He manages to tell you that this has happened before when his "heart wasn't doing so well." He also tells you that he has been out of his medications for a few days as he has not been able to refill them. You assess his vitals and find that he is afebrile, has a BP of 164/98, a HR of 130, a RR of 36, and pulse ox of 82%. As you are preparing him for transport you note that his respirations are increased and his oxygen level has decreased to 68%. This patient appears that he clearly needs immediate help. What is your next step? What is the best way to manage this patient safely until reaching the emergency department?

This is a scenario that is fairly typical of patients seen by EMS as well as the emergency department. In the past these patients were more difficult to manage out in the field and at times required intubation especially given long transport times. While this is a necessary intervention at times it can slow the transport of the patient and can be more difficult if the patient is awake and still breathing on their own. At this time there appears to be increasing evidence that CPAP can be used in situations such as these out in the field.

What is CPAP? CPAP stands for *continuous positive airway pressure*. This technology has been in existence since the 1940's and was actually used in WWII for high altitude pilots. It wasn't until the 80's that CPAP really began to be used routinely in the hospital setting. CPAP functions by providing a continuous amount of pressure that is the same whether the patient takes a breath or not. This helps to keep the alveoli in the lungs open, which in turn facilitates oxygenation and ventilation. Oxygenation improves by having a larger pressure gradient that drives that O₂ into the blood stream. Depending on the disease mechanism, this pressure helps to keep the alveoli from collapsing or to push some of the fluid out of the alveolar space. Because of this added help, there will be increased alveolar membrane exposed to allow for gas exchange. In turn, this allows for the patient to deliver increased amounts of oxygen to the tissues while allowing an increased amount of CO₂ to be blown off. Overall the goal of CPAP is to decrease the work of breathing.

CPAP is most successful in patients that are slightly younger, have intact dentition (or do not have facial trauma), have a lower acuity disease (i.e. do not require immediate intubation), and are neurologically intact. Patients who are suffering from a COPD exacerbation often can benefit from CPAP because it helps to provide an increase in ventilation of retained CO₂. However this does not replace other medical management that is required such as bronchodilators and steroids. It is also beneficial in patients who are suffering from pulmonary edema as a result of heart failure. CPAP is also beneficial in hypoxemic respiratory failure like pneumonia, however it should not be used for all pneumonias as there are certain contraindications to using CPAP and it should only be used as a last ditch effort after other standard interventions have been tried.

Because CPAP requires the patient to be awake, actively breathing, and able to follow commands, someone who is unconscious or altered in any way is not an ideal candidate for using CPAP. This includes patients who have had a complete cardiac and/or respiratory arrest. Another significant contraindication to using CPAP is for patients who cannot control their own secretions. Because of the continuous pressure applied, there is a high risk for aspiration. Caution is required in patients with hypotension as CPAP can cause an increase in intrathoracic pressure thus causing a decrease in cardiac output as less blood is able to return to the heart. If a pneumothorax is suspected, CPAP is contraindicated because of the risk of the pneumothorax becoming worse and or turning into a tension pneumothorax.

CPAP continues to gain favor in the medical community. Recent studies have suggested that there are numerous benefits to applying this concept in the field. It has been noted that with concurrent use of CPAP, bronchodilators have an increased effect. There are many benefits to using CPAP over intubation, including the fact that CPAP is not invasive, can be easily discontinued, has fewer complications, and requires less sedation medication, if any. Studies have shown that there is a great reduction in infection rates in using CPAP versus intubation. There is also overall a lower mortality risk in patients who have been on CPAP versus a more invasive form. This may be due to the fact that patients requiring intubation tend to be sicker anyways. It has also been shown that hospital stays tend to be shorter in patients receiving CPAP especially those associated with COPD.

When used correctly, CPAP has been shown to alleviate symptoms and decrease the need for intubation for patients with CHF and COPD. It is safe, portable and easy to apply. CPAP does not replace intubation, but rather is a less-invasive means of providing respiratory support while medications work to correct the underlying cause of distress. Because the ultimate goal is for patient safety and to decrease the length of stay and amount of intervention that is required at the hospital, CPAP is continuing to gain favor in the EMS setting and will likely be a standard treatment option in the near future.

Seasons Greetings

Base Hospital Extra's

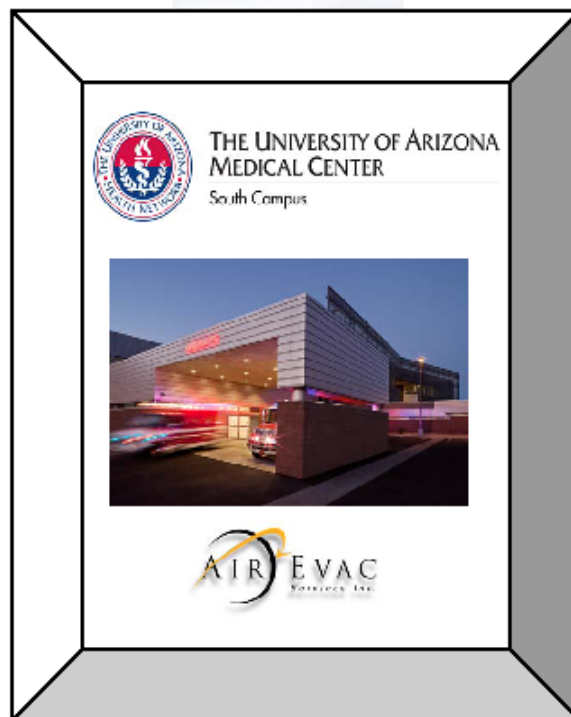


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Save the Date

5th Annual 2012
Pre-Hospital
Mega Continuing Education Conference

*Registration Flyers will be distributed electronically
& available in print form by January 2012*



**7 Hours
Continuing
Education**

**Excellent
Speakers**

**Thursday, March 15th, 2012
Place: Tucson Fire Central
300 S. Fire Central Place**

Base Hospital CE



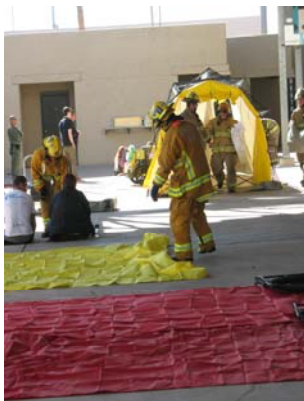
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<p><i>Sponsored By:</i></p> <p>Southeast Arizona Emergency Medical Services (SAEMS) & Emergency Medical Services for Children</p>		<p>EPICC Emergency Pediatric Interdisciplinary Care Conference <i>of Southern Arizona</i></p>
<p>SAVE THE DATE <i>February 18th & 19th, 2012</i></p>		
<p>2 Day Conference Day 1 - Specialty Physician Based Lectures Day 2 - Skills lab</p> <p>Target Audience: Physicians Emergency Nurses EMS Providers</p> <p><small>SAEMS CE provided by UAMC-South Campus</small></p>	<p>Date: February 18th & 19th, 2012</p> <p>Place: Tucson, Arizona</p> <p>Site to be announced</p> <p>Registration Flyer Coming</p>	

Continuing Education



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Pictures

