

TriHealth Emergency Journal

Oxford Wins the Star of Life

Congratulations to the men and women of the Oxford Fire Department, the Oxford Police Department and Katie Nethers (EMD at Butler County Dispatch – 9Comm). They recently received the State of Ohio Star of Life Award for saving a life.

The patient collapsed while at work. The Emergency Response Team at the business immediately called 911 and received lifesaving instructions from the EMD at Butler County Dispatch. Oxford Police responded and continued high-quality CPR and to use the AED to defibrillate ventricular fibrillation. Oxford Fire Department arrived and took over treatment and obtained ROSC (return of spontaneous circulation). When they arrived at McCullough-Hyde Memorial Hospital, the patient had a palpable pulse and a good blood pressure. The patient was transferred to Bethesda North Hospital for further treatment.

Due to the quick response of all the people involved, the patient was released from the hospital and was able to return to work without deficits. This success story reinforces the triumphs possible when people work together for a common cause.



Wilderness Survival: Beyond the 10 Essentials

Every experienced outdoor enthusiast knows about the 10 essentials recommended to have when backpacking, hiking, canoeing or otherwise enjoying the wilderness. Often, the wilderness can present itself as a winter storm, a flat tire or an injury in the backcountry. Survival skills can never be replaced entirely by the 10 essentials, and these 10 must be modified based on climate and location. The purpose of the essentials is to answer two basic questions: Can you respond to an accident or emergency and can you safely spend a night or more outside? The weight and volume of the 10 essentials is limited by what you can carry, but if you are traveling by vehicle, you likely have room for some additional, helpful items.

Here is a checklist of recommendations for your “10 essentials” and beyond:

- 1. Navigation** – Map (with protective cover), compass, GPS. Austere environments typically don't have wireless cell coverage, so GPS phone apps are often worthless. Survival 101: Learn to read a map and use a compass.
- 2. Sun Protection** – Glasses, sunscreen and lip balm. SPF clothing and a wide brim hat (see #3).
- 3. Extra Clothing/Insulation** – Seasonally-appropriate clothing should provide head-to-toe coverage and always include a wicking base layer, a jacket or vest (fleece or gortex), quick-dry pants, hat, gloves/mittens and socks (synthetic or wool). Extra items, like rain gear, can be crucial when trying to survive in wet, nasty conditions. Weather and circumstances can change quickly. Be ready for that worst-case scenario.
- 4. Illumination** – Flashlight / headlamp (with extra batteries) and a mirror and whistle for signaling.
- 5. First-Aid Supplies** – Design your own kit based on specific needs but at a minimum, include bandages, tourniquet, cravat, analgesics, antibiotic ointment, antihistamine, safety pins, tape and elastic bandage in a waterproof bag. Even with a satellite phone to activate EMS, you'll likely have to manage the situation until help arrives. Organizations like the American Red Cross can provide an emergency first-aid supply checklist to assist.
- 6. Fire** – Matches, lighter, tinder, stove, metal match or emergency starter. Have three ways to make fire.
- 7. Tools / Repair Kit** – Knife or multi-tool such as a Swiss Champ or Leatherman. Duct tape for repairs.
- 8. Nutrition** – An extra day's supply of food (minimum) is recommended. Carry items that are high energy yet lightweight, like MRE's, jerky, granola bars, protein bars, trail mix or nuts.

9. Hydration – Extra water is critical to survival, but it also weighs 8 pounds per gallon. In addition to your water bottle or hydration backpack/vest, a water filtration or treatment system can be a life-saver.

10. Shelter – A tent or bivy sack are optimal, but a large orange 3-4 mil trash bag or tarp can substitute if you know how to use them. Fifty feet of parachute cord can help make an improvised shelter and serve other uses.

Beyond the 10 essentials, ask yourself: if you were stranded in your vehicle today, with no cell coverage to call for help, could you survive for a night or two? If traveling by vehicle in the winter, you should have a sleeping bag, snow shovel, scraper, jack and spare tire, road flares, bag of sand or cat litter, tool kit, tow strap, extra batteries, duct tape, toilet paper and charging device for cell phone/GPS/tablet. Better to have it and not need it than need it and not have it!

The same concepts behind the 10 essentials for wilderness survival can be applied to emergency planning for your home, car and workplace. Coincidentally, while drafting this article, our house was without heat for the last three days! We managed to stay warm with extra layers of clothes, blankets, space heaters and hot liquids! No worries. The new furnace was up and running as of 1700 yesterday, just in time for a predicted low temperature of 21°F! This experience was a humbling reminder of how we often take our personal comfort and safety for granted. Emergency preparedness takes planning. Start today. Your survival may depend on it.

By Edward J. Otten, MD, FACMT, FAWM



Hiking through Rattlesnake Canyon in Tucson, Arizona, where conditions on the desert floor can be over 100° F in the daytime and drop below 60° F at night. The summit of Mt. Lemon has snow nearly all year!

EMS Week 2019 – A Great Success

This year for EMS Week TriHealth hospitals presented Cat 5 Tourniquets in honor of the National Stop the Bleed awareness campaign. We always can rely on our EMS communities. They are in the trenches dealing with medical and trauma patients every day with limited resources—responding to and treating a full range of difficult situations. They complete our Emergency family. We truly appreciate the dedication and the assistance you give to TriHealth hospitals.



Strike-Out-Stroke 2019

Strike-Out-Stroke was a huge success. We would like to call out West Chester Fire Department and send them a big “Thank You” for presenting the colors at the baseball game. The Greater Cincinnati Stroke Consortium sold over 1000 tickets to the Cincinnati Reds baseball game. All the proceeds go to stroke education. We appreciate all the support.



TRAUMA – Winter is Here...

Although it is difficult to think of cold weather and snow when it is unseasonably warm, winter is just around the corner.

According to our trauma registry statistics, falls and related injuries remain the No. 1 reason for trauma admission to the hospital. It is important to take your time with slower and smaller steps and to wear shoes with good rubber tread for traction. Shoveling or even using a snow blower to remove snow can out you in the Emergency Department with injuries ranging from torn ligaments and muscles to broken bones or even hand or finger amputations.

Hypothermia occurs when the body's core temperature is less than 95°F. The elderly population is at greater risk for developing hypothermia because they often have difficulty regulating their temperature. Diseases such as Parkinson's, diabetes, strokes and hypothyroidism also can impair the body's ability to regulate heat. The initial treatment for hypothermia is to move the patient to a warm area and remove any clothes. If they are awake and alert, give them warm non-alcoholic beverages. If they are pulseless and apneic, start CPR. Remember they are not dead until they are warm and dead. Never apply direct heat to extremities because that can cause a further drop in

the core temperature. Frostbite can occur to an exposed area of skin within 5 minutes when the temperature is between 0° and -19°F. The extreme cold can also put an extra strain on the heart, and overexertion can cause heart attacks or strokes, especially in people prone to cardiovascular problems.

Winter sports related injuries account for approximately 65,000 visits nationally to the ED every year. Sledding is the most common cause of injury, with skiing, ice skating, hockey and snowboarding a close second. Traumatic brain injuries are the leading cause of death and disability among skiers and snowboarders. It is very important to always check for signs of brain injury when someone takes a fall, including loss of consciousness, blurred vision, confusion, swelling at the site of the injury and vomiting.

Other injuries can include dislocated or broken bones, spinal injuries and significant soft tissue injuries. Always remember to wear proper safety gear when participating in winter activities.

Remember, awareness and prevention are important in staying safe during the winter months.

By Katie Stegman



TriHealth Rehab Hospital Stroke Support Group

On average, someone in the U.S. has a stroke every 40 seconds. It is the fifth leading cause of death and a major cause of serious disability in adults. The severity of stroke complications and each person's ability to recover vary widely. At TriHealth Rehab Hospital, we use a goal-directed approach to restore physical function, build strength and balance, improve speech and swallow, and develop new cognitive and behavioral strategies to compensate for deficits. Patients have a team of physicians, nurses, therapists, pharmacists, dietitians and other support staff to help them every step of the way throughout their rehab stay. But when patients discharge home, it can often feel overwhelming and difficult adjusting to the new changes in their lives. Each stroke survivor faces a unique set of physical and emotional challenges.

Connecting with other survivors and caregivers to share experiences and information can help a patient and their caregiver get beyond their limitations and create meaningful lives after stroke. At TriHealth Rehab Hospital, we want to create a post-acute environment where patients and caregivers can come for support and education. A place where they can share their concerns and common experiences and find positive solutions.

TriHealth Rehab Hospital offers a Stroke Support Group for all survivors and caregivers, held on the second Thursday of the month. We are located at 2155 Dana Ave, Cincinnati, 45207. To RSVP, please call Denice Shirley at 513 801 5469.

TriHealth Rehab Stroke Support Group

Second Thursday of the month
2155 Dana Ave, Cincinnati, 45207

RSVP: Denice Shirley, 513 801 5469



Nursing Awards

TriHealth
Nursing
Award
Preceptor
of the Year

Stephanie
Mackey



TriHealth
Nursing
Award
Rookie of
the Year

Maico Baez



Greater Cincinnati
Emergency Nurses
Association
Outstanding
Contribution to
Emergency Nursing
Award

Wendy Walters



Greater Cincinnati Emergency Nurses Association
Clinical Excellence in Emergency Nursing Award

Michelle Ping

ACLS and PALS Classes

TriHealth EMS Coordinators are bringing AHA ACLS and PALS classes to local Fire and EMS departments. ACLS and PALS classes can be scheduled at your station on the second and fourth Wednesday of the month. The \$15 cost/person includes the AHA e-card.

To register: Contact Randy Johann at **513 865 5208** or randall_johann@TriHealth.com



McCullough-Hyde Memorial Hospital Joins TriHealth

We officially welcomed McCullough-Hyde Memorial Hospital (MHMH) and its team members, physicians and volunteers as “full” members of our TriHealth family! This milestone was anticipated—and actually planned for—when we partnered through a joint venture with the MHMH Foundation nearly five years ago to operate MHMH as part of the TriHealth system. As part of that initial agreement, the MHMH Foundation had the option to sell its 40% ownership in MHMH to TriHealth, which it exercised. The MHMH Foundation expressed confidence in the future of MHMH, noting that TriHealth has not only met, but exceeded all commitments since the partnership began in 2015 and that this is the right time for TriHealth to assume full responsibility for operation of the hospital.



Since the start of the joint venture, TriHealth has invested more than \$20 million on major MHMH facility and equipment improvements, ranging from a newly-constructed Emergency Department to new operating rooms, lobby and public areas. Additionally, TriHealth has recruited more than 15 new providers to the Oxford area and expanded existing or created new clinical programs in heart, cancer, pulmonology and other service lines. TriHealth has also focused on developing MHMH leaders, team members and physicians to bring the TriHealth Way of Leading, Serving and Delivering Care to every individual they serve. As a result, MHMH has achieved – and the community has benefited from—dramatically improved patient satisfaction, higher safety and quality scores, stronger financial performance and greater team member engagement.

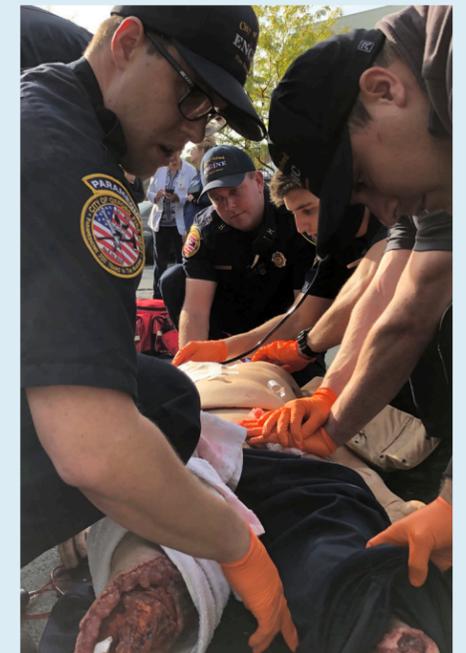
The health care industry continues to evolve, and TriHealth is rapidly emerging as a model for getting health care right. By exercising this option, the Foundation transfers to TriHealth full responsibility for operating MHMH and continuing to bring world-class care to the residents of the Oxford community. This will allow the Foundation to focus on philanthropic support of the hospital, as well as other potential health-related community activities. As part of this agreement, TriHealth has committed to spend an additional \$7 million on capital improvements at MHMH in coming years, while continuing to provide community benefit support to Oxford and the surrounding area and ensuring that local needs and perspectives continue to be well-represented in our planning and decision-making, TriHealth plans to appoint at least three at-large members of the Oxford community, along with the President of the MHMH Medical Staff, to the hospital board.

We look forward to partnering with the MHMH Foundation for years to come as we continue our work to get health care right for the more than 80,000 residents we faithfully serve each year in Oxford and the surrounding Ohio and eastern Indiana communities.

SIM Training at McCullough-Hyde Memorial Hospital

In September, Oxford Fire Department, McCullough-Hyde Memorial Hospital and UC AirCare trained together to treat and manage a simulated trauma patient. The training started with Oxford Fire Department responding to the parking lot for a “man down.” The simulated trauma victim had multi-system injuries. Oxford Fire Department treated the injuries and transported to McCullough-Hyde ED. The ED personnel stabilized the simulated trauma patient. AirCare was dispatched. They landed and transported the simulated trauma patient to the Level 1 hospital.

Everyone involved enjoyed the joint training, which demonstrated the bigger picture. It took the patient from the pre-hospital setting, to a hospital setting transferring to an advanced hospital setting. It established a fantastic team atmosphere between three different entities. The training showcased how when working together, we get health care right in the eyes of our patients and the community.



Mose Demasi – Welcome to the Team



TriHealth is pleased to announce Mose A. Demasi has joined the TriHealth team as an EMS Coordinator with a focus on community outreach. Mose has 37 years of Fire and EMS experience- the last 33 with Cincinnati Fire Department and the last 13 years as Assistant Fire Chief. He received a bachelor's degree in business administration from the University of Cincinnati.

This position will work with the EMS coordinators in place to ensure we are meeting the operational needs of our EMS coordinators as well as outreach to our community.

Demasi has been awarded many certifications throughout his career. He is a member of the National Fire Protection Agency, the International Association of Fire Chiefs, and Ohio Fire Chiefs and Hamilton County Fire Chiefs associations. During his tenure as an Assistant Fire Chief, he used marketing strategies to promote many collaborative community initiatives. He formed a non-profit organization called Helping Hands of Hope that has provided Thanksgiving meals and other hunger relief to thousands of less fortunate families in the tristate area.

Stroke Education – 6th Grade

Greater Cincinnati Stroke Consortium presented Stroke Education to a 6th grade class in the Norwood School System.

The 60-minute presentation included activities with physical restrictions, a video and a short PowerPoint. The physical-restricted activities are designed to demonstrate the limitations a stroke patient may experience. Students also listened to a stroke survivor who expressed the signs and symptoms of stroke. We hope to educate children to recognize stroke and understand how important it is to call 911 early for help.

The presentation has been well received throughout our communities. If you would like to have this program offered at your school or other event, please contact your TriHealth EMS Coordinator.

By Debra Walker



Dorian Response

TriHealth EMS Coordinator Randy Johann was deployed to Florida with the State of Ohio / Butler County Incident Management Team after Butler County EMA officials received requests through the Emergency Management Assistance Compact (EMAC) from the State of Florida EMA requesting a Type 3 All Hazards Incident Management Team to support existing personnel. EMAC is a state-to-state mutual aid agreement which allows states to request additional disaster response resources and personnel. Under EMAC, the agreements outline that the requesting state reimburses all associated costs incurred by the provider state.



The State of Ohio / Butler County Incident Management Team is a highly-trained management team who can provide coordination, guidance and logistical support to areas in declared disaster. The Butler County IMT is comprised of emergency response departments from state, county and local agencies in Ohio. The Butler County IMT focuses on planning, logistics, communications, operations, safety and documentation in declared disasters. Team members formed a caravan leaving the Butler County EMA office, traveling 14 hours directly to Tallahassee Florida, Aug. 31.



The team worked closely with Florida and FEMA officials, supporting county emergency management officials to anticipate, identify and fulfill their unmet needs. The team was also instrumental in planning for the surge of arriving refugees from the devastated Bahama Islands.



Johann's primary role was in support of air operations. Working with representatives from the FAA, U.S. Coast Guard, U.S. Customs and Border Patrol, US Army, U.S. Air Force, U.S. Navy, Florida National Guard, Mississippi National Guard, Florida Fish and Wildlife and Civil Air Patrol, missions were planned for reconnaissance, rescue, crew placement, hospital and nursing home evacuation and supply needs. A total of 95 federal aircraft and 25 state and local aircraft were mission-ready in state with another 66 aircraft staged for deployment outside of Florida.



The team was prepared for a 16-day mission supporting the needed operations, though the team was only needed for six days since the storm eventually took a more easterly track away from the Florida coastline. The team was demobilized and all team members returned safely to the Butler County EOC on Sept. 5.

By Randall Johann

Seniors at Higher Risk for Death and Injury During a Disaster



A recent study released by the Centers for Disease Control and Prevention (CDC) highlights the increased risk elder Americans face during disasters. The study, titled *Boosting Disaster Resilience Among Older Adults*, identified that older Americans—especially those age 65 and up—are more at risk for injury and death during and after a disaster strikes. The study found that chronic illnesses and functional mobility issues can limit an older American's ability to prepare for disasters.

This inability to prepare for disasters can lead to exacerbations of the aforementioned chronic illnesses; moreover, functional

limitations may result in an inability to evacuate an area prior to a disaster. The study also cited the fact that many older Americans may live isolated lives and may not have the support system commonly available to other demographics.

The CDC study provides two recommendations to public safety professionals to better serve the elder Americans in our communities. The first recommendation is to leverage programs which serve elder Americans to include disaster resiliency education into their already successful programs. The second recommendation is for public safety professionals to increase outreach efforts within our communities with special focus on elder Americans.

Resiliency is an important component of any emergency management program, but it is absolutely crucial for the access and functional needs populations within our communities. By working together to engage these populations, we can work to make our communities safer for everyone. For more information, go to https://www.rand.org/pubs/research_briefs/RB10001.html.

By Jim Bolen – Butler County EMA

Upcoming EMS Training:

2020 Greater Cincinnati EMS Conference
Tuesday - March 3, 2020 - Anderson Township Center

Reducing Infant Mortality with Implicit Bias Training

Although infant mortality has decreased as a whole in Butler County, there still remains a significant difference in birth outcomes by race and ethnicity. In Butler County, non-Hispanic black women are three times more likely than white women to experience an infant demise before the infant's first birthday.

Research and media accounts show that implicit biases may negatively affect black patients' medical care and birth outcomes. Implicit biases of concern to health care professionals are those that operate to the disadvantage of those who are already vulnerable (e.g., low health literacy, sexual minorities, minority ethnic populations, the mentally ill, etc.). In more than 200 stories collected by ProPublica and National Public Radio, many black mothers recounted feeling devalued and disrespected by medical providers.

The American College of Obstetricians and Gynecologists state, "The racial and ethnic disparities in women's health (including higher rates of preterm birth, maternal mortality, and breast, cervical and endometrial cancer deaths among black women) cannot be reversed without addressing racial bias, both implicit and explicit."

Maternal and infant vitality advocates are leading the way in bringing implicit bias trainings to Butler County. In October, social service agencies, health care providers, non-profits and others came together for a two-day implicit bias train-the-trainer to give participants the tools to lead trainings in their organizations. The goal is to

5.6

2014-2018
non-Hispanic White
IMR in Butler County

15.3

2014-2018
non-Hispanic Black
IMR in Butler County

empower participants to facilitate implicit bias trainings and create system changes in their own organizations that will neutralize biases and allow for better, more equitable services and care.

Racial bias is an issue that affects our patients and our colleagues. Regardless of the line of practice, there is a need for health care providers to address implicit biases in disparities in health care. We must all commit to working together to address this issue and create an equitable health care system that serves all people. Our patients deserve no less.

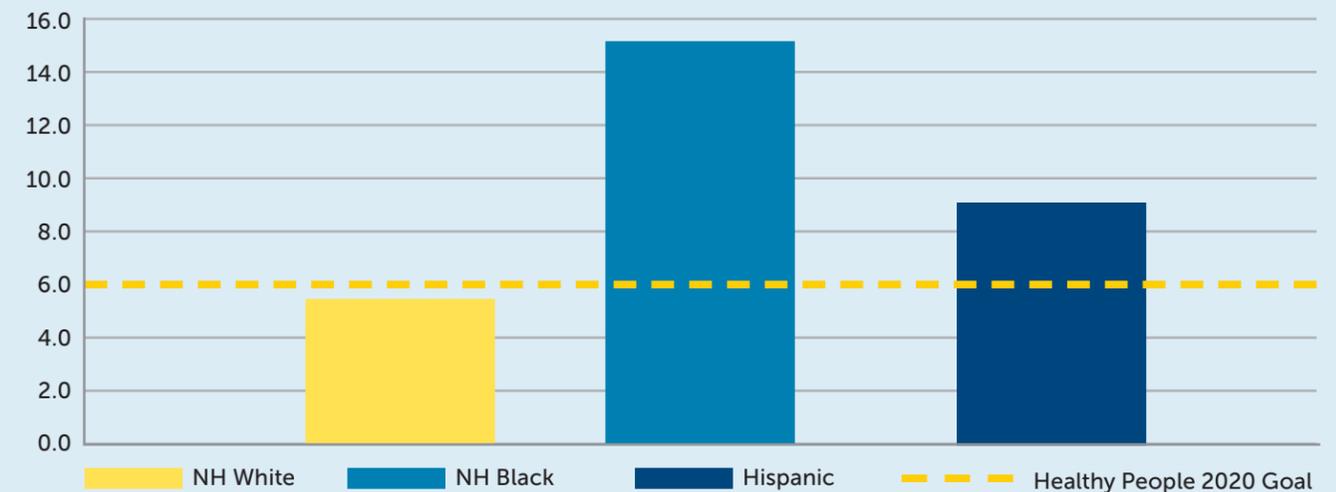
By the Butler County Board of Health

References:

ACOG Committee Opinion No. 649: Racial and Ethnic Disparities in Obstetrics and Gynecology. *Obstet Gynecol* 2015;126(6):e130-4.

FitzGerald, C., Hurst, S. Implicit bias in healthcare professionals: a systematic review. *BMC Medical Ethics*. 2017; 18:19. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333436/>.

Butler County Infant Mortality Rate by Race, 2014-2018



Exciting Paramedic Training: Train the Way You Do it in the Field

Paramedic training in pre-hospital care continues to evolve. The use of “low fidelity” (low tech) manikins and other adjuncts still have their place, but the “high fidelity” human patient simulator (HPS) is the latest modality having a significant impact on enhancing the learning experience. In the past, HPS training was exclusive to the hospital setting, but now several Fire and Emergency Medical Service (EMS) agencies have acquired their own simulators. Miami Township Fire and EMS (MTF and EMS) took delivery of an HPS in 2016 with funding provided by a private donation in memory of two of our residents and money from the Local Government Safety Capital Grant Program from the Ohio Development Services Agency.

HPS training was formerly accomplished in the controlled setting of a classroom. In 2019, MTF and EMS decided to change the venue and began conducting training in the field. This has been a unique way to deliver quality, real-life scenarios that the department’s personnel seem to enjoy. The simulator has visited the walking trail of a local park, a service garage and a senior citizens group. Other events are planned (the next location will take place at a well-known gym).

There are many benefits and few limitations of field HPS training. The department’s Training Committee meets to discuss a plan and then takes care of the logistics to carry out the scenario. Sometimes this involves contacting a business for permission to train on their property.

An unexpected benefit from field HPS training has been the opportunity to interact with people in the community. They enjoy watching us in action, and this gives us an opportunity to explain the importance of training and to provide an awareness of Fire and EMS operations.

MTF and EMS continues to look for new and innovative ways to take advantage of this extremely versatile and beneficial training tool. As studies have shown, the high fidelity training environment improves a paramedic’s ability to provide lifesaving advanced medical care and to increase confidence levels. What the next few years will bring, we can only imagine. But MTF and EMS will continue to strive for excellence through education.



Bethesda Butler Representatives Participating at Butler County Fair



A BIG thank you to Melissa Katsetos-Hensley, Kesse Aboagye and Julie Greene from Bethesda Butler Hospital. They took part in the distribution of health education material and information on hospital resources to the attendees of the Butler County Fair. They had a wonderful time listening to delightful stories of the different positive experiences people had at TriHealth hospitals.

Four TriHealth Hospitals Receive Top Safety Ratings

For the second consecutive reporting period, four TriHealth hospitals — Bethesda North, Good Samaritan, McCullough-Hyde Memorial and Bethesda Butler — were each awarded the highest rating for their efforts in protecting patients from harm and meeting the nation's highest safety standards, according to the new Leapfrog Hospital Safety Grades. As a system, TriHealth again received the most "A" grades in the Cincinnati region, outpacing other local health care systems.

The Leapfrog Group, a Washington D.C.-based organization aiming to improve health care quality and safety for consumers and purchasers, awarded these four hospitals with "A" grades based on their performance in preventing medical errors, infections and other harms among patients in their care.

This is the seventh survey in a row Bethesda North Hospital has received an "A" for safety. Good Samaritan Hospital has earned an "A" safety grade for the fifth time in the last seven ratings period, while McCullough-Hyde has earned its sixth consecutive "A" safety grade on this most recent report. Bethesda Butler Hospital earned its fifth consecutive "A" for the safety ratings period.



Stroke Survivor Picnic 2019

The Stroke Survivor Picnic was held at Germania Park. This was an opportunity for stroke survivors and their families to break bread together and discuss supportive strategies.



Greater Cincinnati
Stroke Consortium



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