



Reporter

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Milwaukee County EMS Council

North Shore Fire Department Press Release - March 18, 2010

Highlights:

Page 2

Study Shows Bystander Use of AEDs Saves Lives

Page 3

2010 Data Requirements for the Trauma Registry

Page 4

Highlights from the 2010 EMS Commencement

Page 5

MCA in the Spotlight

Milwaukee County EMS

Mission Statement

The mission of Milwaukee County Emergency Medical Services is to provide Performance excellence in pre-hospital care through education, communication, operations, health information and quality management, and scientific discovery.

A study released this week by the Local Government Institute lauds the North Shore Fire Department as a model for successful regional delivery of service in Wisconsin. The study titled "A Roadmap for Government Transformation" completed by Baker Tilly Virchow Krause, LLP for the Local Government Institute identifies changes in the structure of government and the relationship between levels of government that could result in greater efficiency for delivery of local government services in the State of Wisconsin.

Throughout the study, the Department and its member communities are cited for their cooperative delivery of fire and emergency medical services. The study details the improved service the Department delivers to all seven communities in addition to the ability of the model to control costs. The concept of thinking about savings in the terms of avoided costs is key for local governments when considering regional delivery of service according to the study's authors. Statistics gathered by Baker Tilly Virchow Krause indicate that prior to the

consolidation of the seven individual fire departments the per capita expenditure in the municipalities that had fulltime fire departments had grown by an average of 68 percent over seven years. In the seven years after the merger, per capita expenditure increases were slowed to 19 percent.

The publication of this report is the second time in recent weeks where the North Shore Fire Department has been heralded as a model for successful regional cooperation as part of a commissioned study not only in Wisconsin, but across the United States. The Department was cited as one of four "Best Practice" models of a full service, regional service provider in a report commissioned by the Chicago Metropolitan Mayors Caucus completed by the firm WRB, LLC. The Caucus's Service Delivery Task Force has been charged with evaluating opportunities for communities in the metro Chicago area to improve public safety services to their communities while controlling costs.

"A Roadmap for Government Transformation" can be found on the North Shore Fire

Department website, www.nsfire.org or at the Local Government Institute's Website at www.localgovinstitute.org. For more information on the North Shore Fire Department, contact Deputy Chief Robert Whitaker at (414) 357-0113 Extension 117.



The North Shore Fire Department provides fire, emergency medical and life safety prevention services to the City of Glendale and Villages of Bayside, Brown Deer, Fox Point, River Hills, Shorewood and Whitefish Bay.

Calendar

EMS Council Meeting

May 26, 2010

Time: 8:30 a.m.

Place: FMLH Conference Ctr.

8700 Watertown Plank Rd.

National EMS Week 2010

May 16 – 22

West Allis Fire Department Annual Open House

May 15, 2010

Time: 10:00am – 1:00pm

Place: Fire Station 2

2040 S. 67th Place

Study Shows Bystander Use of AEDs Saves Lives

Posted April 15th, 2010 by SCA Foundation

Sudden Cardiac Arrest Survival Rates Surge When AEDs Are Used Before EMS Arrival

Pittsburgh, Penn. – April 15, 2010 – Victims of sudden cardiac arrest (SCA) who are treated with automated external defibrillators (AEDs) by bystanders have a much greater chance of survival than their counterparts, according to landmark research by the Resuscitation Outcomes Consortium, just published in the *Journal of the American College of Cardiology*.

Researchers reviewed 13,769 cases of SCA occurring outside hospitals in multiple sites in the U.S. and Canada. Using multivariate analysis, researchers looked at potential confounding factors such as bystander CPR and time to EMS arrival. An AED was used before arrival of emergency medical services (EMS) personnel in 2.1 percent of cases. Survival in the overall group was 7 percent, compared to 24 percent when an AED was applied before EMS arrival, and 38 percent when an AED shock was delivered before EMS arrival. Use of an AED before EMS arrival increased the odds of survival by 80 percent.

“This is the first time a broad population was studied in this country,” said principal investigator, Dr. Myron Weisfeldt, Director, Department of Medicine, Johns Hopkins Medical Institutions. “This study shows in a dramatic way that the use of AEDs by bystanders is a very potent indicator of survival.”

When study results were extrapolated to the entire population of the U.S. and Canada, researchers found that 470 people are saved each year due to bystander use of AEDs. “We are talking about nearly 500 people with families, said Weisfeldt. “I think the impact is significant.”

“This study is the landmark research we have been waiting for. It confirms the need for widespread deployment of AEDs, and the need for the public to become familiar with their use,” said Mary Newman, President of the Sudden Cardiac Arrest Foundation.

“This data also supports the efforts of organizations making efforts to advance public education,” said Weisfeldt. “We need to get the message out that, ‘You can do this. Sixth graders can do this. With AEDs, you have a real chance to save a life.’”

In addition, the ROC study analyzed the type of bystander using the AED. The best results occurred when AEDs were used by lay people, Weisfeldt said. The second-best results occurred when AEDs were used by healthcare personnel, and the worst results occurred when AEDs were used by police. The differences are likely related to the location of arrest. People who are out in public places generally are healthier than those in hospitals and nursing homes, where healthcare personnel were generally responding. And police were generally responding to victims at home, where victims are more likely to have had unwitnessed SCA, longer time to treatment and, therefore, lower chance of survival.

The study also found regional variation that likely reflected the adequacy of deployment and EMS response times. In some sites, bystanders used AEDs 7 percent of the time. “What if all sites could achieve this level?,” Weisfeldt mused, “How many more would survive?”



**Sudden Cardiac
Arrest Foundation**
raising awareness, saving lives



Donate Today!

About Sudden Cardiac Arrest

Sudden cardiac arrest (SCA) is the sudden, unexpected loss of heart function, breathing and consciousness. It kills approximately 250,000 people each year in the U.S. alone, more than from colorectal cancer, breast cancer, prostate cancer, auto accidents, AIDS, firearms, and house fires combined.

About the Sudden Cardiac Arrest Foundation

The Sudden Cardiac Arrest (SCA) Foundation is a national non-profit 501(c)3 organization. Its mission is to serve as an information clearinghouse and social marketing force focused on raising public awareness of sudden cardiac arrest, and stimulating attitudinal and behavioral changes that will help save more lives. For more information, visit <http://www.sca-aware.org/>.

SOURCE: Weisfeldt ML, Sitlani CM, Ornato JP, et al., on behalf of the ROC Investigators. J Am Coll Cardiol 2010;55:1713-1720.

2010 Data Requirements for the Trauma Registry
By Robin C. Evans, Froedtert Hospital, Trauma Registrar



2010 Data Requirements for the Trauma Registry

By Robin C. Evans, Froedtert Hospital,
Trauma Registrar

As a Level 1 Trauma Center, Froedtert Hospital must submit data to the National Trauma Data Bank (NTDB) and the State of Wisconsin Trauma Registry, which involves collecting and reporting data. There are required data elements for every injured patient. Injuries included but are not limited to, falls, motor vehicle crashes, snowmobile, bicycle, and work related injuries. The Froedtert Hospital Trauma Registrar is requesting that EMS providers, Nursing staff, Referring Hospital Providers and Physicians document additional specifics on injured patients that are transported to our facility.

What's new for 2010 data items are as follows:

- Was an Airbag Present
- Airbag deployment identified (Front/Side/Curtain)
- Airbag Deployed other (knee, air belt, curtain, etc)
- Patient's position in vehicle (passenger/driver)
- Helmet (bicycle, skiing, motorcycle, snowmobile, etc)
- Occupation – Primarily when industrial or work related injury
- Protective Clothing (Gloves, Leathers, Bullet Proof Vest)
- Protective Non-Clothing Gear (Shin guard)
- Eye Protection
- Pre-hospital oxygen saturation
- Race – Although this is not new it is quite often forgotten

In addition to the above data elements, we are requesting scale numbers recording for Glasgow Coma Scale (GCS), Eye Opening Response, Best Verbal Response, Best Motor Response, especially when the scale is less than 15.

We appreciate and thank you for your continued support with the Trauma Registry.

Highlights from the 2010 EMS Commencement Celebrated on April 14th



Robert Whitaker-NSFD, Jim Case-WFD, Jon Cohn -GFD,
Scott Erke-WFD, Andrew Harris-NSFD



Instructors (L-R) Eugene Chin and Kim Krueger
Speaker - Michel DeLisle, Director Ken Sternig



The 51st MC EMS Paramedic Class awaits the awarding
of their certificates and Paramedic Patches.



Paramedics Graduates (L-R) Brian Bieganski,
Andrew Greil, Andrea Conway, Mallory Crosby

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In the Spot Light



Since being founded in 1967, Meda♥Care Ambulance has remained a family owned service with a strong dedication to quality and professional patient care. We pride ourselves on our willingness to go the extra mile for our patients and their families, not only at the time of transport, but through the billing process as well.

Meda♥Care Ambulance provides interfacility transportation to area healthcare providers and has been a 911 service provider for the city of Milwaukee since 1985. Currently we employ over 100 dedicated EMTs, Paramedics, and Critical Care Nurses. We operate out of four stations in the city of Milwaukee, and have a Paramedic unit based in Waukesha County. In 1983, Meda♥Care Ambulance pioneered the STAT Team which provides dedicated in house Critical Care Nurses for those patients that require specialized care. Today, along with our Nurses, Paramedics are an integral part of the Team. All of our Paramedics



A Big Thank You is extended to Mary Spencer and Cathlyn Ferraro of MSOE for the great job of putting May issue of the REPORTER together.

and Nurses go through ongoing critical care interfacility training.

Meda♥Care Ambulance and its employees have always had a strong desire to help our local community. Throughout the year we participate in many public service events including ambulance tours, EMS standbys, fundraisers, and block parties.

Throughout the years, Meda-Care Ambulance has maintained a core group of employees, many with over 20 years of service. Our practices of fairness and flexibility provide our staff with the security needed to handle this sometimes difficult job. Many of our other employees go on to other EMS careers in Milwaukee and other counties, benefitting from their experience at Meda-Care Ambulance.



Effective May 18, 2010 –
Milwaukee County EMS will relocate
to:

9501 Watertown Plank Road
Milwaukee WI 53226

Telephone No: 414-257-6661
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