



Verde Valley Medical Center  
Northern Arizona Healthcare

## Prehospital Care Department

### UPDATES

### November 2016

**11/03/2016**

All, The decompression needles have been added to the pyxis unit. They are located behind door number 2 next to the electrodes. The initial stock that you received has been charged and should show up on the November pyxis billing cycle. Please ensure crews are extremely diligent in accurately accounting for this stock item as we will only keep a limited par in the unit. Thanks, David

### October 2016

#### Pre-hospital care meeting

October 18th, 2016

Meeting Minutes

**Present:** Debbie Verkyk, Dr. Shank, Schelly Lindsey, Ivan Anderson, Ed Mezulis, Dave Guth, Troy Hoke, Shawn Kuykendall, Phil Paine, Rowland Wagenbach.

**Apologies:** Bill Boler and Tyrrell Bailey

- Debbie:
  - Dates for 2017 skills labs and Pre Hospital (see attached). Skills lab for 2017 will encompass:
    1. Hemorrhage control station run by Shawn Kuykendall
    2. PICC and central line access station run by the VVMC PICC nurses
    3. Dr. Shank still to be decided
    4. OB and peds resuscitation station run by Lynn Harris and Joan Snelz
- Dave:
  1. Paramedic requirements for 2017 and policy (see attached).
  2. 12 lead EKG transmission: Dave asked if we could re-introduce the test ECG, this would enable nursing staff to become more comfortable with the process of downloading EKG's and the Paramedics more comfortable in transferring them. A reminder to please transfer EKG before

patching as it takes a while to come through. In addition, please refrain from submitting test EKG's on Mondays or afternoons as these are the heaviest census times in the ED.

3. Reminder to send Dave the names of Paramedics needing to do the refresher course in January.
4. At the next meeting, before Wild Land Fire Season, the pre hospital committee needs to discuss and get consensus on how we are going to operate, document, and track patient care forms, med boxes etc.

- Dr. Shank:

Refusal for "Low acuity calls" i.e. Lift assist, MVA's no injuries, e.c.t.

At the first Pre Hospital meeting of next year, January 10<sup>th</sup>, the pre hospital committee is going to come up with a standardized, easy, better way to document on these low acuity calls. Before this meeting, by December 15<sup>th</sup>, certain information needs to be disseminated between members of the committee namely:

1. Methods each agency is using as well as the platform used to document on these low acuity patients.
2. Policy followed.
3. Dr. Shank to come up with bullet point of expectations for documenting on these types of patients.

- Ed and Schelly:

1. Gave a report on the CIP program which is growing in Verde Valley. They have been approached by the Orthopedist as well as the Joint Replacement Program to follow up on their patients.
2. There are also education opportunities coming up at both VVAC and SFD, Schelly and ED will keep the committee up dated.

- Ivan asked if any new medications for 2017 = No

- Ivan also asked if the process of leaving reports at the hospital was ending in January. (The answer to this question is no. Per policy all patient care reports are required to be left for patient records. Especially the critical patients. It is understood that if agencies are busy and unable to complete a report due to resource needs, they have the option of not leaving a completed report. However, they should fax, or print to the printer and notify the charge nurse when they have done so.)

- Schelly has opened up dialoged with the Fire agencies they respond to calls with, in order to provide some consistency when it comes to patient refusals. If the Fire Agencies are amenable, VVAC has offered to be the primary agency to complete refusal documentation when needed.

**NEXT MEETING WILL BE IN JANUARY 10<sup>TH</sup>, 2017 @ 08:30 – 10:00 IN  
CONFERENCE ROOM C**

**July 2016**

# Pre-hospital care meeting

July 26<sup>th</sup>, 2016

Meeting Minutes

**Present:** Debbie Verkyk, Dr. Shank, Schelly Lindsey, Ivan Anderson, Ed Mezulis, Dave Guth, Ty Bailey, Bill Ashland. Guest: April Razo

Speaker	Discussion / Action
April Razo From Spectrum	<p>Follow up on how the Crisis response team is doing in the Verde Valley. Since May have had 13 EMS initiated calls. Has had no issues brought up to her and asked us to contact her should we have any issues. On August 3<sup>rd</sup> 9am- 10am @ Clarkdale Ladies Lounge is the " East Yavapai Mobile Crisis Response Check In" which we are welcome to attend.</p> <p>Need dates for next year Skills Lab. February, May, August, November 2017</p>
Debbie	
Dave	<ul style="list-style-type: none"> <li>• Changes to the Auditing Tools as of July 1<sup>st</sup>. No longer doing Fentanyl and Versed. Went over the Airway and cardiac arrest auditing tool (see attachment 1). Please remember that audits are due by 15<sup>th</sup> of the month.</li> <li>• June reporting is still the full set including Fentanyl and Versed.</li> <li>• Changes to the National registry requirements (available on NREMT website)</li> <li>• Had an incident where a patient died in a very public, touristy area. EMS crew asked to remove body by PD. Dave contacted Tosca Hendry from Ledbetter Law Firm to get her input into this situation should it arise in the future.( see attachment 2)</li> <li>• Please let Dave know how many Needle Decompression Kits agencies need to initially stock their trauma boxes. We suggest 2 per box</li> <li>• Interface report = NAH looking at a different direction. Current vendors were cost prohibitive; NAH looking at a third party company ESO that might have a usable plug and play interface already built.</li> </ul>
Dr. Shank	<p>Education requirements for 2017 :</p> <ul style="list-style-type: none"> <li>• Paramedics = 1 skills lab <b>only required by pre-hospital office</b>. 4 Skills labs will be offered throughout the year as before.</li> <li>• Run Reviews are no longer a requirement.</li> <li>• Rest of education will be in the form of Coffee Talk education and Ride a longs which we are planning to increase.</li> <li>• Training Ambulance for the Verde Valley is still a work in progress.</li> </ul>
Ed	<ul style="list-style-type: none"> <li>• Ed thanked the Pre-hospital for the support the Wildland Fire crews have been getting.</li> </ul>
Shelly	<ul style="list-style-type: none"> <li>• Looking at increasing training at Verde Valley ambulance company</li> </ul>

- Asked for input into a “Verde Valley EMS Olympics”

**Next meeting will be on October 18<sup>th</sup> in Cholla Room**

**08:30 – 10:00**

**From:** Tosca Henry [<mailto:tosca@ledbetterlawaz.com>]

**Sent:** Tuesday, July 19, 2016 8:30 AM

**To:** David Guth <[David.Guth@nahealth.com](mailto:David.Guth@nahealth.com)>

**Cc:** Patricia Prekup <[PPrekup@ledbetterlawaz.com](mailto:PPrekup@ledbetterlawaz.com)>

**Subject:** RE: Question regarding EMS and death.

Good morning,

You are correct that in the situation below the deceased is under the control/custody of law enforcement and not EMS. If the situation is such that an investigation is required, the body should not be moved unless the medical examiner gives permission first. This is not only State statute, but also in the policies and procedures

of each of the different law enforcement agencies with whom I have worked (those whose applicable policies I have reviewed). Most law enforcement agencies have policies for securing the investigation scene to avoid the public view, which include creating a perimeter of sufficient distance and/or covering the body. Have there been instances where law enforcement has not properly secured a scene? If so, this may be an issue we choose to raise with the appropriate department head(s).

Thoughts?

**Tosca Henry, Esq.**

**The Ledbetter Law Firm, P.L.C.**

1003 North Main Street, Cottonwood, AZ 86326

Phone: 928-649-8777 Fax: 928-649-8778

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**From:** David Guth [<mailto:David.Guth@nahealth.com>]

**Sent:** Monday, July 18, 2016 11:43 AM

**To:** Tosca Henry <[tosca@ledbetterlawaz.com](mailto:tosca@ledbetterlawaz.com)>

**Cc:** Deborah Verkyk <[Deborah.Verkyk@nahealth.com](mailto:Deborah.Verkyk@nahealth.com)>; Jacob Shank ([Shankrila@gmail.com](mailto:Shankrila@gmail.com))  
([Shankrila@gmail.com](mailto:Shankrila@gmail.com)) <[Shankrila@gmail.com](mailto:Shankrila@gmail.com)>

**Subject:** Question regarding EMS and death.

Hi Tosca,

I was wondering if you could assist me in answering a question that came up regarding death in the field and capabilities of EMS.

If an individual passes and EMS is called to the scene by law enforcement to verify death the patient (or deceased) is in essence under the control of law enforcement.

ARS 11-596 prohibits a body from being moved once death pronouncement has occurred until the medical examiner has approved removal.

The question is:

In a case where a body is in a visible area with heavy pedestrian or tourism traffic, can a body be relocated with law enforcement approval as long as law enforcement remains physically present and in custody of the body the entire time:

Your thoughts?

Please let me know if you need further information.

Thanks,

David Guth

Pre-hospital Coordinator Assistant

Verde Valley Medical Center

Ph. 928.639.6178 ext 36178

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## April 2016

### Pre-hospital care meeting

April 14th, 2016

Meeting Minutes

**Present:** Debbie Verkyk, Bill Boler, Troy Hoke, Dr. Shank, Matthew Poe, Schelly Lindsey, Roland Wagenbach, Ivan Anderson, Ed Mezulis. **Apologies:** Dave Guth

Speaker	Discussion / Action
April Razo and Sara from Spectrum	Spoke about the Crises response team. Will meet with us again at the July 26 <sup>th</sup> pre-hospital meeting to discuss how it is working in the Verde Valley.
Debbie	<ul style="list-style-type: none"> <li>• We have received all the parts to repair our “Big Boy” mannequins. Dave will see to repairs.</li> <li>• Date set for “Train the Trainer” protocol and policy changes, <b><u>May 10<sup>th</sup> 08:30 – 10:30 in the Ocotillo Education room.</u></b></li> <li>• Dave wanted passed along: Interface project still ongoing, working with MEDUSA then transitioning to Image Trend. Medics must please familiarize themselves with medications they can transport during interfacility transfers ( VVAC &amp; SFD)</li> </ul>
Ed	<ul style="list-style-type: none"> <li>• Ed is working on creating a “training Ambulance” for use in the Verde Valley. It is a work in progress and he will keep us updated.</li> </ul>
Dr. Shank	<ul style="list-style-type: none"> <li>• For protocol change leaning more towards the use of Epinephrine drips for hypotension not caused by Hypovolemia instead of Dopamine. Asked that everyone think about it and get back to him with suggestions or questions.</li> <li>• Later this year or 2017 we will look at the use of Ketamine and TXA (Power point presentation sent).</li> <li>• Guidelines for use of Crises Response team will be developed. All patients</li> </ul>

not been transported and left in the care of crises team will sign a refusal and an ALS patch to the hospital.

**Next meeting will be on July 26th in Conference Room A  
08:30 – 10:00**

## January 2016

**1/23/16 New Guidelines:** If you have any new Treatment Guideline changes for 2016, please send them to [david.guth@nahealthcare.com](mailto:david.guth@nahealthcare.com) .

**1/22/16 VVMC Occupational Medicine Exposures:**

## EMS EXPOSURE PROCESS

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### During Office Hours

1. REPORT EXPOSURE IMMEDIATELY TO SUPERVISOR
2. IF SOURCE IS KNOWN
  - Field provider to transport source to VVMC ED or Sedona Emergency Center
  - Field provider notifies ED charge nurse of exposure
  - Charge nurse notifies CRC who will obtain an exposure packet
  - CRC will get source consent and lab draw for HIV, Hep B, and Hep C
  - Field provider to remain at VVMC until results of STAT HIV test are given by CRC



- CRC will notify field provider of results and call OM at : (928) 649-7904 to notify OM of exposure/results
- OM will notify field provider of Hep B and Hep C results once they are available

IF HIV RESULTS ARE NEGATIVE

- There is no need to test the field provider

IF HIV RESULTS ARE POSITIVE

1. CRC will notify of OM of result
2. CRC will notify field provider of result and advise they report to OM for post exposure Prophylaxis medication and counseling ASAP
3. OM will administer medications and perform follow up with field provider

3. IF SOURCE IS UNKNOWN OR REFUSES CONSENT TO TESTING

1. Field provider reports to OM office for baseline testing (if no emergency injury present)
2. OM provider to notify field provider of results
3. Follow up testing of field provider will be arranged through OM
4. Medication may be considered depending on severity of exposure

## After Office Hours

1. IF SOURCE IS KNOWN

- Follow same process as above

IF HIV RESULTS ARE POSITIVE

1. FP checks into ED to receive Prophylaxis
2. Charge nurse to notify OM

IF SOURCE IS UNKNOWN:

1. FP to report to VVMC OM next business day for testing
2. 3 and 6 month lab draws scheduled with OM office

## Sedona Medical Center

IF SOURCE IS KNOWN

1. Report exposure to ED charge nurse
2. Nurse or lab technician to draw labs on source after obtaining consent from source
3. Field provider to transport source labs to VVMC with appropriate labels and packet
4. Field provider to notify charge nurse upon arrival
5. Charge nurse notifies CRC
6. FP to remain at VVMC until results are given

IF SOURCE IS UNKNOWN:

1. FP to report to VVMC OM next business day for testing OR report to VVMC for outpatient testing ?
2. OM information given to FP for follow up
3. 3 and 6 month lab draws scheduled with OM office

## **Transport Outside of Verde Valley**

- Call OM at: (928)649-7904 for process

For questions regarding severity of exposures the PEpline (888-448-4911) is available daily from 9 am – 2 am EST (6 am – 11 pm PST).

Please feel free to call OM anytime with questions or concerns. Our phone is on 24 hours a day.