Another EMS Week in the books!

At Hartford HealthCare – we recognize our employees for their work that goes “above and beyond” through a platform called “Momentum”.

For this month – we recognize our EMS Coordinators for their tremendous efforts in organizing our EMS Week celebrations! We hope you agree and were the benefactors of their hard work!

Thank you to all of you who participated in our CEUs, as well as our 42 HHC volunteers and 8 clinicians who spoke about tremendous healthcare topics all weekend long!

Thank You!
System News

Health Data Exchange Update

The Health Data Exchange program continues to grow across HHC! Please continue to reach out to your EMS Coordinator with challenges or questions that arise during your planning stages or during use!

We welcome Aetna Ambulance, who has recently gone live, and American Medical Response, who is finishing up their paperwork to go live shortly!

Heroin Opioid Prevention & Education

In collaboration between the Hartford HealthCare Behavioral Health Network, The Hospital of Central Connecticut, MidState Medical Center, the state’s attorney’s office and an array of community partners, the HOPE program offers treatment options as an alternative to arrest. “The program is a discretionary alternative to arresting a person living with addiction and also provides treatment information for family members and loved ones,” said William Palmieri, Deputy Chief of the Southington Police Department.

Since New Britain, Berlin and Newington launched the H.O.P.E. program in November, 44 individuals have been introduced to the program.

“The H.O.P.E. Initiative provides a recovery coach, induction of medication and access to treatment within 24 hours,” said Jessica Collins, BSN, RN-BC, LPC, Director of Behavioral Health at The Hospital of Central Connecticut and MidState Medical Center.

“For a patient who has experienced police involvement and they have gone the judicial route, the H.O.P.E. program can connect them to the right level of care.”

HHC Leading Tech Growth in CT

Start-upbootcamp launched its second startup program in Hartford Monday, an accelerator designed to attract medical and health care technology companies to the city. The MedTech Accelerator is a partnership between Trinity College, Hartford HealthCare, UConn’s School of Business and CTNext, the state’s startup support organization.

Each year, the program will invite 10 startups to spend three months in Hartford, working alongside health care payers and providers, research institutions and investors as they build on their prototypes and grow their companies.

“Hartford has a chance now to capitalize on the unprecedented growth of the health care field,” Hartford HealthCare CEO Elliot Joseph said. “The field of health data analytics alone is expected to reach $50.5 billion by 2024. This is a moment for our region and our state to grab hold of this and bring it here, make it up happen,” Joseph said. “Everybody from small startups to the very largest tech companies — Google, Amazon, on and on — are all joining in this investment of health care. Let’s bring it here to Connecticut.”
State News

Toxicology Update  Released Thursday, May 30th

On behalf of the Connecticut Office of the Chief Medical Examiner, New England HIDTA wanted to make you aware of toxicology reports from some recent fatal overdose investigations that included the substance Xylazine which is a veterinary sedative. This includes five (5) unique cases with the following drug mix:

1) - xylazine, fentanyl, and cocaine
2) - xylazine, fentanyl, cocaine, benzos
3) - xylazine, fentanyl, recent cocaine use
4) - xylazine, fentanyl, heroin, PCP
5) - xylazine, fentanyl

Xylazine is a clonidine-like drug, alpha2 agonist. Used in veterinary medicine for sedation, muscle relaxation, anesthesia for large animals. It is also mixed with ketamine for animals (Rompun). It has been used as drug of abuse in Puerto Rico, and used as a cutting agent for heroin. Looking at this, it may be used for cutting fentanyl as well. Xyalzine causes bradycardia, respiratory depression, hypotension, and there is no specific antidote or reversal. Dialysis does not work. Atropine for bradycardia with hypotension is effective, and all care is supportive.

There are also continued reported fatal overdose cases here in Connecticut appearing to be from gabapentin. In one case, the investigation revealed the deceased died from a gabapentin overdose and was negative for Heroin and/or Fentanyl. Packaging and a wax fold seized from the scene was tested and also contained no Heroin and/or Fentanyl, however, the testing revealed the package contained gabapentin.

Notable legislation that passed through in the last session...

HB7278 - AN ACT CONCERNING MOBILE INTEGRATED HEALTH CARE.

HB7000-AN ACT CONCERNING CHILDREN'S SERVICES related to EMS organizations and children with autism/disabilities.
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fwww.cga.ct.gov%2f2019%2flcoamd%2fpdf%2f2019L CO0092-Roo-AMD.PDF&c=E_1,BnbfkRACVHmKeCTXNAGfaOtJc_fwuNhAIxcnPNIeTKurch3_Y8AX5colmAeQHIr7MAplCizlYWpjcRyzC6rTosEQdnC5cVsURskcejZKPb2JMWHe&typo=1
Regional Updates
Hartford Region
EMS Coordinator – David Bailey
EMS Medical Director – Dr. Charles Johndro

STEMI Metrics
In conjunction with the HHC Heart and Vascular Institute, strong work by our HH EMS Coordinator combined with excellent QA metrics provided by our EMS partners have helped in the following growth....
Northwest Region
EMS Coordinator – TBD
EMS Medical Director – Dr. Mary MacKessy

Thank you!

Best of luck to former EMS Coordinator, Paul Rabeuf, who stepped down last month as EMS Coordinator and Emergency Management Director for the Northwest Region. Paul will be pursuing a position in emergency management with Torrington Area Public Health.

Paul was a great asset for us in the region, serving for years in this capacity. We look forward to hiring a new coordinator in the coming months to grow our program even further!

Pictured below, Paul (center) was awarded the 2019 Hartford HealthCare Emergency Management Program Award of Excellence by HHC EM Director, Patrick Turek (left) and NW Region Vice President of Operations, John Capobianco (right).

Physician Spotlight

Dr. Craig Allen
Medical Director at The Rushford Center and Director of Psychiatry at MidState Medical Center

Hartford HealthCare is proud of its campaign across its network called “Be Responsible” when it comes to disposing of old or expired prescription medication...

Q. Tell us about the “Be Responsible” campaign...
A. This campaign is truly a win-win. It is about disposing of unused, unwanted and expired medications safely, and in a way that is not harmful to the environment. HHC gives away drug de-activation kits which allow the user to fill a biodegradable bag with pills, add warm water and then simply throw the bag in the garbage. You should never flush pills down the toilet because of the harm it causes to the environment and you should never leave them in the house because they could end up in the wrong hands.

Q. You are on the front-lines – you see what happens when prescription medications get into the wrong hands...
A. More than half of the opioid medications adolescents get they get for free from friends and family. And 80% of new heroin users first started by using opioid analgesic pills. It’s important to dispose of any unused pills and it’s important to store pills you are using safely. A recent study showed there’s been a tripling of overdose deaths in adolescents and children all related to the increased exposure and access they have to these drugs.

Q. Tell us about treatments offered at Hartford HealthCare, including “MATCH”...
A. MATCH is Medication Assisted Treatment Close to Home, MATCH clinics offer medication, psychotherapy and other treatment options all under one roof. They were designed to knowing that people have busy lives and work and family obligations. Flexible and effective treatment is offered in a supportive setting in a nearby location.

Q. What should someone do if they are worried there may be a problem with prescription drug use...
A. If you are concerned about yourself or someone you love developing a problem with prescription drugs, talk to your doctor or connect with MATCH for an assessment.
Advocate for Your Patients – Trust Your Gut

Thomas Bascetta RRT, NRP, FP-C, CMTE & Clinical Leader – LIFESTAR

When responding to scene flights, I am occasionally met by providers who appear to be a bit apprehensive for calling us because the patient “seems fine”. They state that they had requested LIFE STAR due to the mechanism of injury and because of their “gut feeling”. My response has always been “you made the right call”.

Recently while working as a ground Paramedic, I was dispatched ALS for a headache. I arrive on scene to find an elderly female, complaining of a 4/10 headache with no obvious distress. The history of present illness is as follows: Elderly female with only a history of migraines. The patient experienced a sudden onset of a headache while bending over to garden. The pain which had radiated down her neck, is now resolved. She states that the pain had been similar to her past migraines. At the time of the incident, she does not have any of her abortive medication for her migraines and requests to be transported to the hospital. Her assessment is benign with the exception of a blood pressure of 167/80. My gut tells me that something is not right and I begin to question a head bleed. During transport, the patient’s status remains unchanged and by the time we arrive to the Emergency Department, I was starting to doubt my gut feeling.

I was half expecting to be dropping the patient off to the waiting room as I sheepishly walked over to the triage desk. As I gave report to the triage nurse, I voiced my concerns regarding a potential head bleed. Instead of immediately getting a hall bed, or chair in the waiting room, I was asked “do you think this patient will require critical intervention”? Anyone looking at this patient or listening to my report may have said “no”, however, my gut kept telling me that this was an intracranial hemorrhage so I reply with a “yes”. As we continue with our walk back, the medical alert is announced overhead. I called the ED two hours later, and the attending told me that the patient had gone unresponsive while preparing her for a CT scan. The CT scan, performed ten minutes after revealed a massive head bleed. She was placed in the ICU with a ventriculostomy, however was expected to do OK because they found the bleed early.

I report the findings to the BLS crew and say, “that is why you trust your gut”. At any point had I ignored my gut feeling, this patient may have ended up in an unmonitored bed, gone unresponsive without anyone noticing, and had a much different outcome.

The technical term for that gut feeling is your gestalt, and it refers to a clinician’s clinical intuition which is developed over time (Perkes, 2017). The downside of gestalt is that it can lead to overconfidence, and intrinsic biases can cause you to overlook symptoms and minimize a situation (Cook, 2009). It should be used to advocate for patients and not to withhold treatment. We should never use our gestalt to justify getting a refusal or downgrade a call. Gestalt is developed over time with patient experiences and may be related to recognition primed decision making. Recognition primed decision making is a fascinating topic and I highly recommend you investigate it more. This decision-making model was developed by Gary Klein who was curious to understand how firefighters make split second decision. After his research he believed as people experience things, they notice clues and patterns which help them to make faster decisions by not comparing options as they know what to expect. We know this decision methodology is present in EMS, and instrumental to our gestalt development.

We as EMS providers are often the first contact a patient has, and we get to see the whole picture as we are with them from the beginning. Use your gestalt to advocate for your patients.

Never be afraid to voice your concerns, call for ALS or air medical support, or ask for a social services consult. These actions ensure that our patients receive the highest quality of care possible.
Central Region
EMS Coordinator – Sean Fitch
EMS Medical Director – THOCC Dr. David Buono
EMS Medical Director – THOCC Bradley Dr. Eric Hobert
EMS Medical Director – MidState Medical Center Dr. Sean Caffyn

It is about more than patient care at times...

Strong effort and great work by the New Britain EMS team who helped out cleaning up the city’s north end recently!

Congratulations…
As part of EMS Week celebrations, our Central Region team celebrated and congratulated our EMS providers. Below is Hunter’s Ambulance Paramedic Matthew Skiffington (left), pictured with Hunter’s leadership and EMS Coordinator Sean Fitch (far right).

Mission: Lifeline Recognition

Congratulations to New Britain EMS and the Hospital of Central Connecticut for each being recognized by the American Heart Association and the Mission: Lifeline program

Superior work by clinicians both pre-hospital and within our acute – care setting!
East Region -
EMS Coordinator – Backus – Jeffrey Way
EMS Coordinator – Windham – Paul Pedchenko
EMS Medical Director – Backus Dr. Kyle McClaine
EMS Medical Director – Windham Dr. Stanley Stutz

The Hartford HealthCare Ayer Neuroscience Institute welcomes neurosurgeon Mark Hornyak, MD, who began seeing patients earlier this month at One Towne Park Plaza in Norwich and will be performing procedures at Backus Hospital.

Dr. Hornyak, who grew up in Clinton, CT, comes to Hartford HealthCare from Bassett Healthcare Network in Cooperstown, New York. Dr. Hornyak earned his medical degree from the University of Maryland School of Medicine, served his internship and residency in neurosurgery at New York Medical College in Valhalla, New York and is fellowship trained in skull base surgery from the University of Utah.

His areas of interest include primary brain tumors, tumors of the spine, pituitary tumors, degenerative spinal disorders, and peripheral nerve disorders.

Dr. Hornyak says his decision to return to Connecticut and join the Ayer team was partly based on the health system’s commitment to technology and developing a program locally. As for his approach to patient care Dr. Hornyak says, “I like to ensure that my patients have all options presented to them, we discuss them together and create a personalized plan to achieve the best outcome,” said Hornyak.
# Statewide Upcoming Calendar of Events

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<th>Key: HH – Hartford Hospital</th>
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Don’t forget to stay up to date with us on our Facebook page – Hartford HealthCare EMS or visit our website at https://hartfordhealthcare.org/services/emergency-services/ems.