

Congratulations to Good Samaritan Hospital: Now a Comprehensive Stroke Center

Each year, nearly 800,000 people have a stroke. Stroke is the leading cause of long-term disability. When someone has a stroke, every minute counts. Getting the best care in the shortest amount of time is essential to prevent long-term disability and improve the chances of recovery. Good Samaritan Hospital can now provide the highest level of stroke care available, with the right people, the latest technology, additional resources and extensive training to support our patients.

This year, Good Samaritan Hospital received designation as a Comprehensive Stroke Center by The Joint Commission. This certification is the highest designation awarded by The Joint Commission for stroke care. To earn this designation, Good Samaritan had to meet stringent requirements, including an on-site evaluation. This honor is presented to only 3.5% of hospitals in the U.S. for stroke care. It is offered in collaboration with the American Heart Association/American Stroke Association. Achieving a Comprehensive Stroke Center Certification means Good Samaritan is dedicated to raising the bar in performance, including evaluating and evolving patient care throughout the entire stroke care plan.

Stroke emergencies require urgent care to restore blood flow to the brain. Good Samaritan has been recognized for its ability to

quickly and effectively treat all strokes so patients have the best chance at a full recovery. Comprehensive Stroke Centers have the capabilities to treat even the most complex stroke patients 24 hours a day, seven days a week.

Good Samaritan Hospital has specialized cerebrovascular neurosurgeons available and a neuroscience intensive care unit for stroke patients. It has the latest advanced imaging capabilities available around the clock to help patients with complex stroke cases. And it takes part in stroke research.

To maintain status as a Comprehensive Stroke Center, Good Samaritan Hospital will be required to create safeguards to track, monitor and report patient outcomes.

TriHealth has other locations certified in stroke care by The Joint Commission:

- Bethesda North Hospital – Primary Stroke Center
- Bethesda Butler Hospital – Acute Stroke Ready
- Good Samaritan Western Ridge – Acute Stroke Ready
- Bethesda Arrow Springs – Acute Stroke Ready

Debra Walker





Gratitude To Nurses

The DAISY Award for Extraordinary Nurses

Lifetime Achievement Team
Student Nurse Leader
Faculty

Kimberly Tucker has been a nurse for 43 years and has been with TriHealth the past 39 years. She has spent ALL her 39 years at Good Samaritan Hospital Emergency Department. She received a Daisy Award for her lifetime dedication to the Emergency Department and her lifetime compassionate care to patients day in and day out. Kim is known for her infectious smile, positive attitude, strong work ethic, thoughtfulness, kindness, patience with mentoring new team members and students, and sweet motherly voice.

Below is the statement from the Daisy Award nomination by Kelly Benham:

"Kim's care is exemplary and so are her mentoring skills. I have watched, assisted and worked beside Kim for 13 years in the ER, and she is one of the best! There was an elderly couple that came to the ER. One by squad and the other accompanying them. The elderly couple was extremely hard of hearing and what one wasn't asking, the other was! Kim cared for them both like they were her parents! She took the time to explain follow-up care and new medications to both of them at least 3 times, and loud enough that they could hear her...and the rest of the ER mind you! But the greatest part of it all is that she had time to really talk to them—they shared stories back and forth mixed with laughter and tears! Those are the times that patients remember because there was a common connection that draws each and everyone of us in. Kim instills that same kindness and genuine attitude in everyone that she mentors and comes in contact with."

Kim exemplifies the true meaning of nursing! She provides love, patience, compassion, unselfishness and undivided time to care for her patients regardless of who they are or the reason why they come to the hospital. We ALL need a KIM TUCKER in our department! We are honored at Good Samaritan Hospital Emergency Department to have met and worked with her. Thank you for your dedication and positive impact the past 39 years!

Melanie Cook



Wendy Walters – Welcome to the Team



TriHealth is pleased to announce Wendy Walters has joined the TriHealth EMS Coordinator Team. She is responsible for Good Samaritan Hospital and Good Samaritan Western Ridge. She has been a nurse for 26 years, with almost 25 of those years in an emergency department. The last 16 ½ years have been in the ED at Bethesda North Hospital, where her roles included relief charge nurse and clinical coach. Wendy is certified as a Trauma Certified Registered Nurse (TCRN) and a Certified Emergency Nurse (CEN). She is also a sexual assault nurse examiner (SANE) and an

instructor for ACLS, PALS and TNCC.

Wendy has been a paramedic for 10 years. Some of the paramedics in the area may remember her as their paramedic instructor for the Bethesda North Hospital Paramedic Program. She instructed many of those classes for five years.

Wendy makes use of paramedic skills by working for Sharonville Fire Department. Before that, she ran for Wyoming Fire Department for seven years.

Wendy is passionate about emergency medicine and has great working relationships between our emergency departments and EMS.

Debra Walker

TriHealth's ACLS & PALS Training

TriHealth's ACLS & PALS EMS training initiative is well underway with a number of departments having already signed up. To date, we have held multiple unit day classes at St. Clair Township, Turtlecreek Township, Sharonville, Oxford, Madeira-Indian Hill and CJFED. If your department is interested in low cost American Heart Association ACLS or PALS training, contact Randy Johann at randall_johann@TriHealth.com or 513 678 5249.

Randall Johann





TriHealth EMS Coordinators taught a STOP THE BLEED® Class to Franklin County EMS in Indiana and Milford Community Fire Department in Milford, Ohio. STOP THE BLEED is a national awareness campaign and call-to-action-type of education. It was launched by the White House five years ago. This training is intended to encourage and empower willing bystanders to become trained and equipped to assist in a bleeding emergency before EMS arrives.

Bystanders have a good chance of being first on the scene. A person who is bleeding can die from blood loss within five minutes, therefore it is important to quickly stop the blood loss.

If you need or are interested in hosting a STOP THE BLEED class, please contact Debra Walker, TriHealth EMS Coordinator, debra_walker@TriHealth.com.

Debra Walker



The Cincinnati Drug and Poison Information Center (DPIC)

Have you ever wondered what kind of emergencies a poison center can handle or when an EMS provider should call? This article will highlight the services of our regional Drug and Poison Information Center (DPIC). Poison centers offer free, confidential medical advice 24/7/365 via the National Poison Helpline 1 800 222 1222 or the new online interactive tool PoisonHelp.org.

In the early 1950s, the American Academy of Pediatrics asked the Committee on Accident Prevention to explore methods to reduce injuries involving young children. The committee determined many childhood injuries were related to accidental poisonings. A national hotline for poisoning advice was recommended to help parents and health care providers get expert guidance to improve outcomes. So, the first DPIC was established in Chicago, Illinois, in 1953. Currently, there are 57 poison centers worldwide, with 55 programs serving the United States, Puerto Rico, Guam and the U.S. Virgin Islands.

The humble beginnings of Cincinnati's Drug and Poison Information Center started inside University Hospital's pharmacy around 1972. This early operation involved a rolling cart that contained a landline phone, drug reference book and clipboard to manually log the calls! Around 1997, Cincinnati Children's Hospital Medical Center took over daily operations. DPIC now employs a team of over 30 poison specialists, including board-certified medical toxicologists, clinical toxicologists, nurses, pharmacists and paramedics. The center fields about 92,000 calls annually (average 200+/day) on everything from accidental ingestion of hand sanitizer by the family dog to venomous snakebites!

Approximately 75% of DPIC calls are from patients and families, with about 20,000 calls for pediatric poisonings. The other 25% of calls are from health care providers, primarily physicians requesting patient care recommendations. Poison specialists provide advice on antidote administration and dosing, supportive care recommendations and medical monitoring. Direct access to this type of specialty consultation provides a valuable public health service to the community. DPIC provides content expertise for the Environmental Protection Agency's (EPA) water security initiative. It also plays role in providing regional health data on emerging drug abuse trends, food poisoning outbreaks and product recalls. Below is a snapshot of the calls a poison center would receive on any given day. "A day in the life of your poison center:"

- A parent called about a 2-year-old who ingested The Works toilet bowl cleaner
- An ER called about a 14-year-old who took a handful of ibuprofen pills in a suicide attempt
- A pharmacist called for information on drug interactions between Zalepon and Cymbalta
- An ED called about an 85-year-old patient with dementia who squirted hand sanitizer in her mouth

- A police officer called to identify a medication; identified as Xanax
- The family dog ingested an entire box of chocolate candies
- An ER called about a 17-year-old who ingested 25 Ambien pills in a suicide attempt
- A 30-year-old male was gardening and was bitten on the top of his foot by a snake
- An ER called about a 39-year-old who was sprayed in the face with Freon while at work
- An 18-month-old ingested 3 milliliters of vape solution with nicotine
- A 7-year-old ate 18 Sponge Bob gummy vitamins thinking they were candy
- A pregnant 31-year-old took a double dose of amoxicillin
- A 72-year-old accidentally took 20 units of Humalog instead of 6 units

DPIC also provides an excellent cost-savings benefit for regional health care systems. The vast majority of poisoning calls are managed outside of the health care setting, preventing unnecessary ambulance calls and emergency department visits. When DPIC is consulted for inpatients, hospital length of stay is reduced by an average of three days, a cost-avoidance benefit similar to vaccinations!!

EMS providers are routinely dispatched for toxicological emergencies. The Southwest Ohio Protocol for Pre-Hospital Care provides specific guidance for tox emergencies, via protocol M411. The Poison Center website has a virtual cornucopia of resources that any fire department can utilize for public education or team member training.

<https://www.cincinnatichildrens.org/service/d/dpic/community/prevention>

So, how can EMS providers access the additional knowledge of DPIC for their pre-hospital patients? It's easy. Just call 1 800 222 1222 or 513 636 5111 and request advice from one of the poison specialists on duty. Next time you make a run for a possible carbon monoxide poisoning, hazmat incident or a toddler who just ate one of grandma's geraniums, remember: Expert guidance is only a phone call away!

Pam Otten and Edward J. Otten, MD



Poison Control at your fingertips.

Text POISON to 797979
to add Poison Control as a
contact in your mobile phone.



BE PREPARED ANYTIME & ANYWHERE WITH #POISONHELP



Reily Township Volunteer Fire Department - Butler County



Reily Township, Butler County, Ohio, was established in December of 1807. This small community is home to just over 2,700 people.

Reily Township Volunteer Fire Department is located in the west central part of Butler County. It started in 1947 with the purchase of one fire truck and today covers 36.7 square miles. The area is primarily rural with two fire stations and an average of 300 emergency runs per year. Reily Township Volunteer Fire Department prides itself for having the only large animal rescue unit in the county. It is a 100% volunteer department with 36 members, led by Fire Chief Dennis Conrad. In 2013, the fire department was awarded Volunteer Fire Department of the Year by the

Ohio State Fire Marshall's Office.

The fire department is very involved in the public and participates in fire safety programs with the schools. The company partakes in community parades and fire/rescue demonstrations. Neighbors support department members as well during their delicious annual fish fry.

Debra Walker



Miami Township Fire and Emergency Medical Service - Clermont County



Miami Township in Clermont County came to life on February 15, 1801. Today, the fire department is led by Fire Chief Steve Kelly. The township is 33.4 square miles and home to 42,500 people.

Miami Township Fire and Emergency Medical Service employs an energetic group of 87 full-time, part-time and volunteer personnel. In 2019, the department was awarded the FEMA SAFER Grant, which provided the opportunity to hire nine new full-time members and increase daily staffing. Miami Township currently has 57 full-time members and four stations. The newest is Station 29, which officially opened its doors in 2017. Last year, the department had 5,362 calls for combined services. It is anticipating the delivery of a new ladder truck through E-One in 2021. [Debra Walker](#)



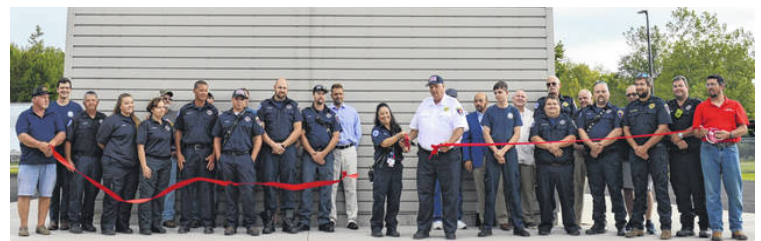
Clinton-Warren Joint Fire Department - Clinton County



The Clinton-Warren Joint Fire and Rescue District began in October of 2004. This combination fire department of volunteer and part-time EMTs covers 85 square miles. The majority of the protected communities are rural with a population of 8,500. The district is comprised of three townships and one village, with several recreational parks, state parks and the World Equestrian Center.

The fire department is led by Fire Chief Bob Wysong. The district responds to approximately 1,000 runs a year. Members enjoy training in the 40-foot fire and rescue training tower. They host fire and EMS classes at their facility.

This group is also pro-community. Members enjoy teaching CPR/ First Aid and Fire Safety Programs. The crews appreciate talking to various organizations, groups and the local school district. If you would like a tour, give them a call. They would be delighted to show you around their station.



Green Township Fire and EMS - Hamilton County



January 1, 1976, marked the first time Mack Volunteer Fire Department began providing fire and EMS to all of Green Township. This volunteer department was the first all-volunteer department in Southwest Ohio to provide paramedic service.

Leadership understood EMS was a big part of the fire service.

They also realized the number of sick people was increasing due to the population growth explosion of the area. Mack Volunteer Fire Department had been meeting that responsibility since 1944 and wanted to be progressive. Leaders decided on April 1, 1985, to move the department to provide EMS/fire services 24 hours a day, seven days a week.

Green Township Fire and EMS is led by Fire Chief Scott Souders. It has four stations and protects 28.5 square miles. The combination department was dispatched to 8,000 emergency calls last year.

Debra Walker



Deerfield Township Fire Department - Warren County



Deerfield Township is located in the southwest corner of Warren County. The fire department came to life on October 1, 1998. The story began when the elected officials of the City of Mason and Deerfield Township decided to split the Mason/Deerfield Fire Department into two self-

sustaining fire departments.

Deerfield Township Fire Department is led by Fire Chief Chris Eisele. The fire department consists of over 100 career and part-time employees. The township is 19.5 square miles and looks after a population of over 40,000 people.

The fire department continues to stay involved with the community in many ways. It coordinates Safety Town once a year for the kids in the neighborhoods. The company also participates in birthday parties, station tours, car seat inspections and home inspections.

Debra Walker



Improving Relationships

One of the many reasons I accepted the position of EMS Coordinator for Good Samaritan Hospital and Good Samaritan Western Ridge is that I have a love for emergency nursing and EMS. I am lucky enough to have the opportunity to function in both roles. One of many passions is improving the relationship between EMS and the Emergency Department. I recently read an article from ESO titled “Why Hospitals Should Care About Improving EMS Relationships.” It speaks to the “us versus them” mentality that has existed for a very long time. EMS can feel undervalued and aggravated and the hospital staff stressed when communication bridges are broken. I have never understood the friction between the two entities. We should have a working relationship that ensures patients are receiving quality care. The article looks at four steps to improve the relationship.

- 1. Improve the feedback loop:** One of my jobs is to keep the lines of communication open between EMS and the Emergency Department. Providing feedback, both good and bad, is important. Following up with paramedics about patient outcomes can provide education. It allows medics to know if their diagnosis and care in the field was appropriate, or maybe it offers an educational opportunity to assist on future calls. I believe feedback should also be given to Emergency Department staff. Staff can use feedback from EMS to help improve in such areas as care handoff and getting patients to the right treatment area, such as going directly to CT or cardiac catheterization lab.
- 2. Make an efficient environment:** In my role, it is important that I communicate the traffic flow in the Emergency Department. If there is construction going on, the crews coming in should be aware of changes prior to arrival. If a patient is to go straight to CT for a possible stroke, a nurse should be anticipating their arrival and waiting for the squad in order to direct them to the appropriate treatment area. Making the environment an efficient one ultimately benefits the patient.
- 3. Optimize bedside handoff:** It is not always realistic, but having a doctor in the room upon arrival for the EMS report can provide the opportunity for EMS and the physician to have a conversation about the care of the patient. It is important for patient care that the nurse receiving the report and the medic providing the report have a mutual respect for each other. This interaction allows for paramedics to voice any concerns in conjunction with the initial complaint. Important details can be missed during this time if a good working relationship does not exist.
- 4. Change the culture:** Coworkers have asked me over the years why I know the names of the paramedics coming into the Emergency Department. My answer was always, “Why wouldn’t I?” The medics know our names. Why wouldn’t we take the time to know theirs? The nurses in the Emergency Department are an extension of the health care team for the patients. The paramedics have the initial encounter with patients, bring them to the nurses in the Emergency Department, and from there, the physicians treat the patients. We should take the time to get to know each other and work together as a team to provide care for our patients. Throughout my career, I have watched medic crews helping during resuscitations, difficult patients and traumas because a mutual respect, between all involved, was there. These are true examples of teamwork between two entities doing what is best for the patient.

The article goes on to say that having a good relationship with EMS can benefit hospitals in terms of revenue. Of course it can. We all know this. I am concerned about having excellent, working relationships between EMS and our Emergency Departments because we are an extension of each other, providing quality care to our patients. Trust me, I know a well-stocked EMS room is essential, but I hope that how staff in the Emergency Department interact with EMS is more of a deciding factor for selecting a

hospital, as opposed to whether the snacks are better. We may not always agree with each other, but having a mutual respect and open lines of communication is essential to patient care. And isn’t that what we ultimately want to do—provide the highest quality of care to our patients so they may have the best possible outcomes?

Wendy Walters

References: *Why Hospitals Should Care About Improving EMS Relationships.* (2020). ESO. Retrieved from <https://www.eso.com/blog/why-hospitals-should-care-about-improving-ems-relationships/>



The Coronavirus Invasion

What a Nasty Bug!

Coronaviruses have been around for a very long time. According to scientists, these viruses have been around for centuries. Coronaviruses are separated into four groups: alpha, beta, gamma and delta. Only alpha and beta coronaviruses infect humans.

On December 29, 2019, Chinese authorities identified a cluster of similar cases of pneumonia in the city of Wuhan in China. Wuhan is a city with 11 million inhabitants and capital of the Hubei Province. These cases were soon determined to be caused by a novel coronavirus that was later named SARS-CoV-2. The official name has been shortened to COVID-19. The new name is taken from the words "corona", "virus" and "disease", with 2019 representing the year that it emerged. The word coronavirus refers to the group of viruses it belongs to, rather than the latest strain. Coronaviruses are responsible for up to 30% of common colds.

Two outbreaks of new diseases in recent history were also caused by coronaviruses – SARS in 2003 that resulted in around 1000 deaths and MERS in 2012 that resulted in 862 deaths.

Quarantine is usually established for the incubation period of the communicable disease, which is the span of time during which people have developed illness after exposure. For COVID-19, the period of quarantine is 14 days from the last date of exposure, because 14 days is the longest incubation period seen for similar corona viruses. Someone who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others because they have not developed illness during the incubation period.

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth that are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Even though this virus has a poor survivability on surfaces, other people can catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 6 feet away from a person who is sick.

The first U.S. case/patient was identified on January 21, 2020, and had recently traveled from Wuhan, China. Internationally, over 3.9 million people have been infected and over 272,000 people have died. In the United States, more than 1.2 million cases of COVID-19 have been reported to the CDC and over 67,000 deaths. The majority of cases have been reported in New York.

Current symptoms reported for patients with COVID-19 include:

- Shortness of breath or difficulty breathing
- Cough
- Fever
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

The symptoms may appear 2-14 days after exposure.



Severe cases of COVID-19 can progress to pneumonia.

No vaccine or specific treatment for COVID-19 infection is available. At present, medical care for patients with COVID-19 is supportive. The best way to prevent illness is to avoid being exposed to this virus. Many governors declared states of emergency in March to prepare for the invasion of this newest coronavirus.

You can protect yourself by following these simple strategies:

- Wash your hands frequently and thoroughly with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with 60% to 95% alcohol.
- AVOID touching your face, especially your eyes, nose and mouth.
- Respiratory etiquette: Cover coughs and sneezes with a tissue and immediately discard in trash. When a tissue is not available, cough into the crook of your arm.
- Clean and disinfect frequently touched objects and surfaces, such as door-knobs, cell phones and countertops.
- Stay home when you are sick.
- Take care of yourself. We have a much better immune response when we are well rested with regular eating, exercise and stress reduction measures.
- If you have a patient who shows symptoms of COVID-19, place a facemask on yourself and the patient.

Debra Walker

Summer Is Coming and So Are the Killer Hornets

Killer hornets have invaded the United States. The state of Washington is under attack. The hornets were spotted in December 2019. This killer has a distinctive look:

- Queens can grow to two inches long
- Huge yellow-orange face featuring teardrop eyes like Spider-Man
- Orange and black stripes that extend down its body like a tiger
- Broad, wispy wings like a small dragonfly – 3 inches wide for the queen
- Potent venom and stinger – long enough to puncture a beekeeping suit.

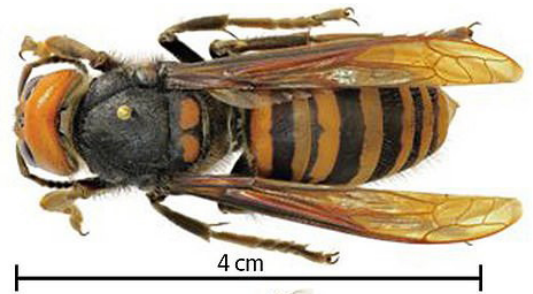
Their stings are big and painful. The stinger can be used multiple times to deliver extremely potent venom, composed of eight different chemical substances. This predator will not hesitate to attack humans. This beast with wings is able to travel 60 miles at a speed of 25 miles per hour to catch its prey. The potent neurotoxin from this enormous hornet can kill humans if stung multiple times, even if they are not allergic.

The name of this murderer is the Asian Giant Hornet. They decapitate bees and fly away with the thoraxes to feed their young. Scientists are worried the killers could slaughter bee populations. One Asian Giant Hornet can kill 40 honey bees in less than a minute. A few of them can destroy a colony of 30,000 honey bees after only a couple of hours. Bees pollinate plants producing fruits, nuts and vegetables and are crucial to the nation's food industry. This predator could be devastating to our crops. The Asian Giant Hornet also hunts medium-to-large insects, other hornet species and mantises.

The massive hornets only live for three to five months. These giant insects prefer to live in low mountains and forests. It is native to tropical East Asia, South Asia Mainland Southeast Asia, and parts of the Russian Far East. They attack honey bee hives by killing the adult bees and eating the bee larvae and pupae. These hornets are most destructive in late summer



Asian giant hornet
Vespa mandarina



Western honeybee
Apis mellifera



and early fall. These are the months the hornets hunt for sources of protein to raise the new queens.

The Asian Giant Hornet has three different categories. The colony consists of workers, drones and queen. The workers take care of the youngest family members, protect the household and gather the food. The drones fertilize the queen. The queen lays the eggs. She also constructs the homestead. The nest is made of chewed bark and consists of numerous cells assembled in the form of a honeycomb. This starts in the spring and continues until the autumn. Drones fly away from the group when they reach adult stage. They die as soon as they fertilize newly-formed queens. Fertilized queens remain dormant until the spring, when the cycle starts over again.

Debra Walker



Hospital/Inpatient Visitor Guidelines

Updated COVID-19 Visitor Restrictions

Effective May 18, 2020, at 8 a.m.

One Visitor Allowed Per Patient Per Day

Thank you for your understanding and assistance to keep everyone safe!

One visitor will be allowed in the hospital setting with the following stipulations:

Visiting hours are 9 a.m.-7 p.m. at each facility.

Only a single person may visit each day (visitors cannot swap in/out throughout the day).

Visitors are required to wear a mask at all times – NO EXCEPTIONS. Visitor must be 16 years or older.

Visitor must be screened for COVID-19 symptoms. If symptoms are present, visitor will be denied entry to the facility.

Potential visitors should review CDC and ODH guidelines for individuals with advanced age and chronic medical conditions and avoid visiting hospital if these apply.

COVID-19 positive or suspected-positive patients will not be allowed a visitor, unless they are at the end of life.

The following exceptions apply:

1. Patients at the end of life will be allowed more than one visitor at a time.
2. Pediatric patients may have both parents accompany them at all times (2 visitors max).
3. Maternity patients may have a support person with them at all times.
4. Psychiatric patients may have necessary visitors, per their physician's recommendation.
5. If a patient has a special circumstance, additional exceptions may be allowed. Please speak with your care provider for guidance.



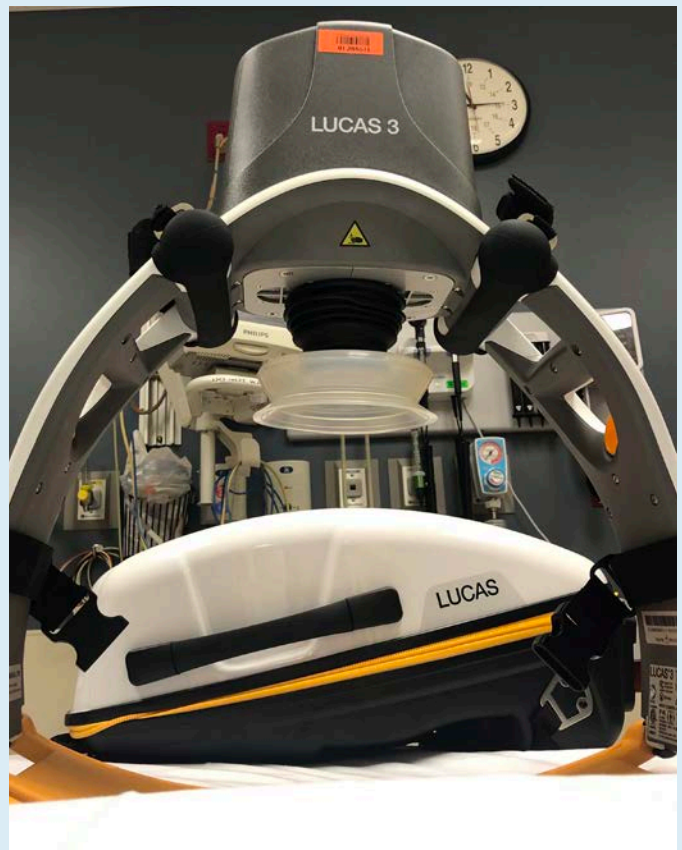
Three Is a Charm

We have exciting news! Bethesda Butler Hospital is the third hospital in the TriHealth fleet to receive a LUCAS machine. Bethesda Arrow Springs and Good Samaritan Western Ridge are the other two hospitals utilizing this device. This high performance piece of equipment allows for continuous automated chest compressions during cardiac arrest. It also permits uninterrupted CPR during defibrillation.

The LUCAS creates positive intrathoracic pressure when the chest is compressed. This positive pressure pushes the blood out into the vessels. During chest recoil, the blood is drawn back into the heart, creating preload. This piece of equipment delivers correct compression and decompression phases of CPR, which enhances cardiac output.

This valuable piece of equipment is extremely beneficial during times when staffing is low and volume is high. Utilizing the LUCAS during cardiac arrest allows other critical duties to be performed. We are very fortunate to have this critical piece of equipment in our Emergency Departments. Modern medicine continues to evolve, increasing the chance to save lives and improve patient outcomes.

Debra Walker



Medical SIM Training at McCullough-Hyde Hospital

Oxford Fire Department, McCullough-Hyde Memorial Hospital and UC AirCare trained together to treat and manage a simulated STROKE patient. The patient was located in a van of the parking lot. Oxford evaluated the patient with the Cincinnati Stroke Scale. The patient presented with positive stroke signs and symptoms.

Oxford FD transported the simulated STROKE patient to McCullough-Hyde ED. Upon arrival, the Oxford team and the ED personnel immediately moved the patient to the CT scanner for imaging. AirCare was dispatched. Stroke protocols were initiated in the ED.

Many different resources were engaged in this training. People recognized the benefit of teamwork. The training trifecta established an energetic hands-on environment. The goal is to get it right—we like to train the way we work. This type of training is crucial to improving patient outcome and hospital/pre-hospital relationships.

Debra Walker





Michael Petro, MD, and Ashley Tameron, MD, presented "Penetrating Trauma" to EMS personnel in March.

Good Samaritan
Hospital

Bethesda Butler
Hospital

Bethesda North
Hospital

HEROES Work Here!

Bethesda Arrow
Springs Hospital

McCullough-Hyde
Memorial Hospital

Good Samaritan
Western Ridge
Hospital

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