



WESTERN CONNECTICUT HEALTH NETWORK

DANBURY HOSPITAL

“Community Partners: Enhancing a Culture of Preparedness”

EMS Community Outreach City of Danbury

Matthew Cassavechia

Director, Emergency Medical Services



The role of Danbury Hospital EMS is to advance the health and well-being of the people in the community through the provision of pre-hospital care, by interacting with the public in a time of need and creating a climate of confidence in the ability to promote excellence in the performance of this service. To this end, we will provide quality driven emergency care and transportation to all those who request our service.

The tenets that support our mission are:

To consistently maintain a professional demeanor with humility.

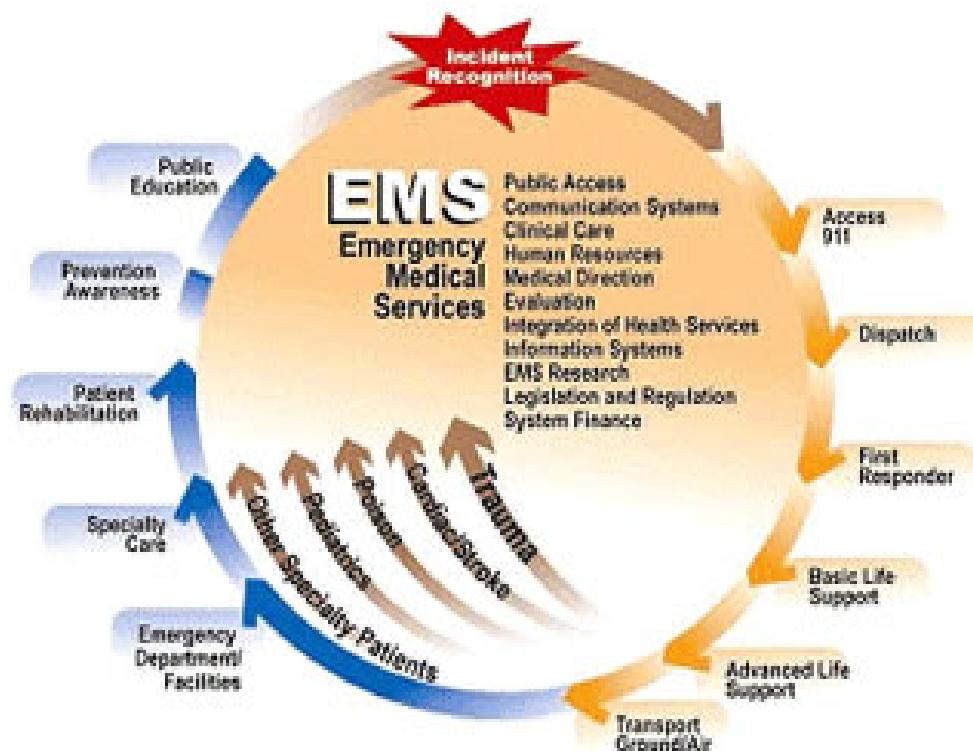
To earn the trust and respect of those we care for through competence and confidentiality.

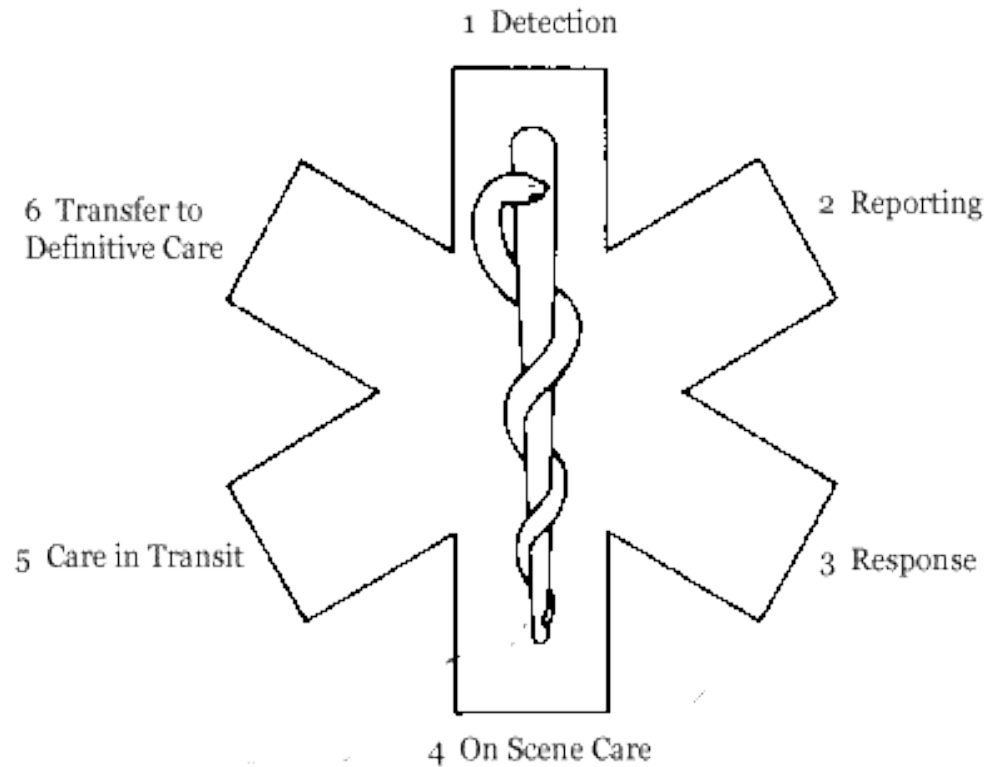
To realize that being trusted with the lives of others is a sacred responsibility

To maximize a quality outcome by understanding that we are part of a team effort while interacting with every member of the EMS team.

To become a model for other EMS systems by continuing to advance our training and knowledge, enabling us to look to the future in progressive and innovative ways.

EMS System Components





Who

Not for profit affiliate of Western Conn. Health Network comprised of 50 men and women servicing a variety of municipal contracts responding to over 12,000 requests for service each year.

What

EMT's and Paramedics delivering pre-hospital emergency medical care to the communities of Danbury, Bethel, Redding, and New Fairfield.

When

24/7

Why

Rapid intervention of medical emergency by trained personnel increases chances of survival.

Where

Any place a medical emergency occurs.



Danbury Emergency Medical Services

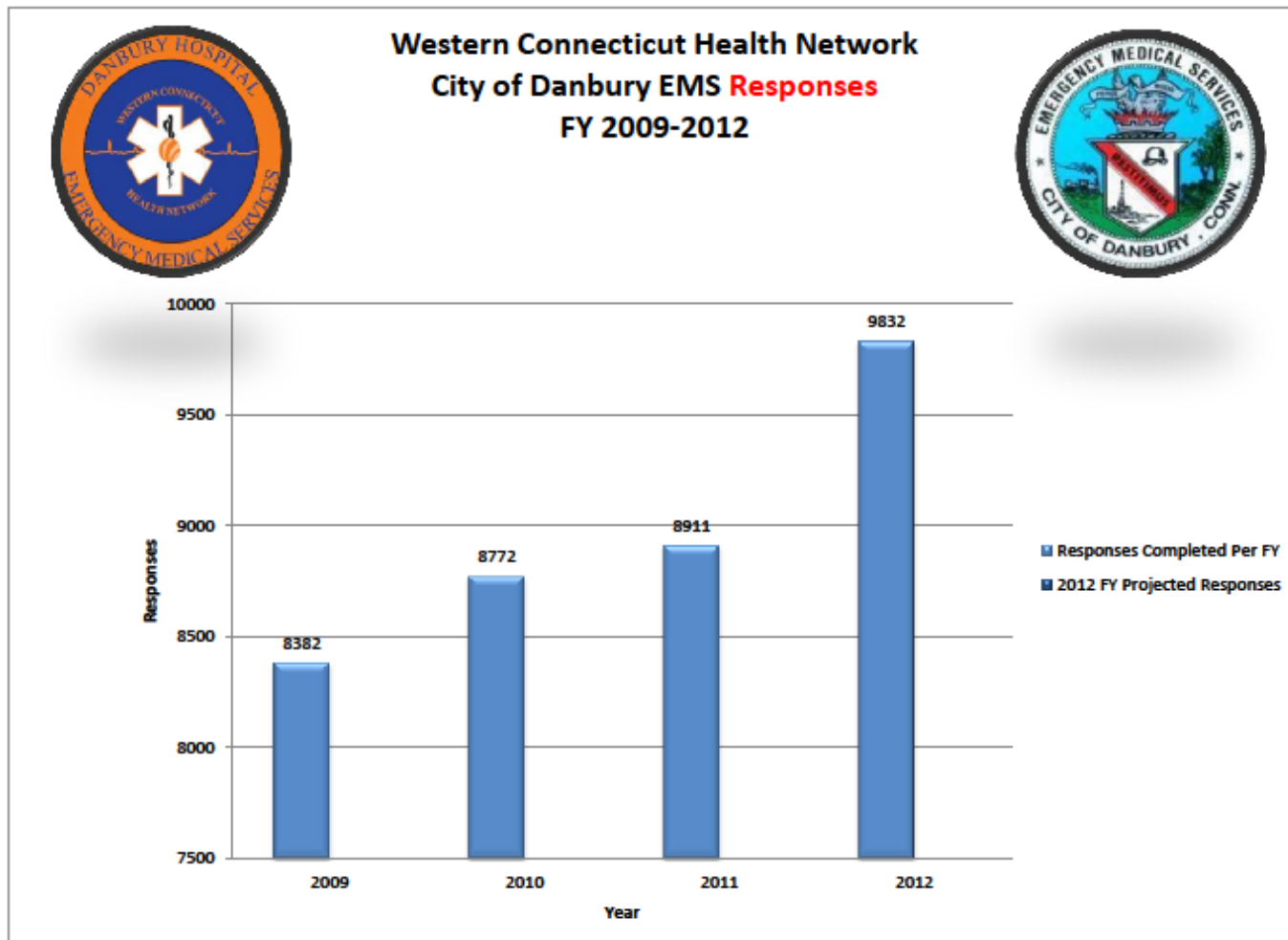
- **Performance Based Contract Since 1988**
- **Singled Tiered Paramedic Program**
- **Danbury Hospital MD Medical Control Oversight**
- **Five Ambulances**
- **Four Non-Transport Paramedic Units**



**CITY OF DANBURY, CONNECTICUT
AMBULANCE FUND
2012-2013 ADOPTED BUDGET**

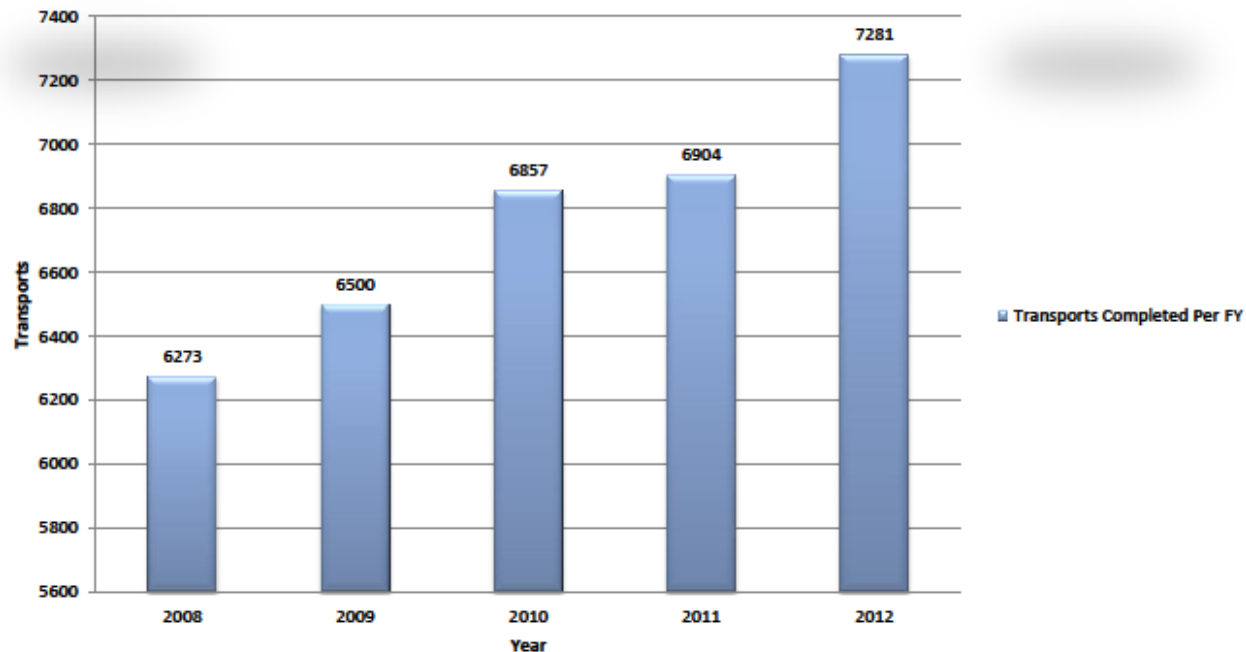
<u>EXPENSES</u>	
SALARIES & BENEFITS	\$1,739,598
NON-SALARY	266,300
FUEL	38,000
COMMUNICATION SERVICES	47,500
PURCHASED EQUIPMENT	240,000
CONTINGENCY	36,233
INTERFUND SERVICES CHARGE-BACK	445,000
BILLING AND COLLECTION SERVICES	<u>250,000</u>
TOTAL	\$3,062,631
<u>REVENUES</u>	
USER FEES	\$3,062,131
INTEREST	500
CITY SUBSIDY	0
OPERATING REVENUE	<u>0</u>
TOTAL	\$3,062,631







**Western Connecticut Health Network
City of Danbury EMS Transports
FY 2008-2012**



Full Moon Myth or Fact



- A full moon occurred 49 times during the study period. There were 150,999 patient visits to the ED during the study period, of which 34,649 patients arrived by ambulance
- Total of 35,087 patients were admitted to the hospital and 11,278 patients were admitted to a monitored unit.

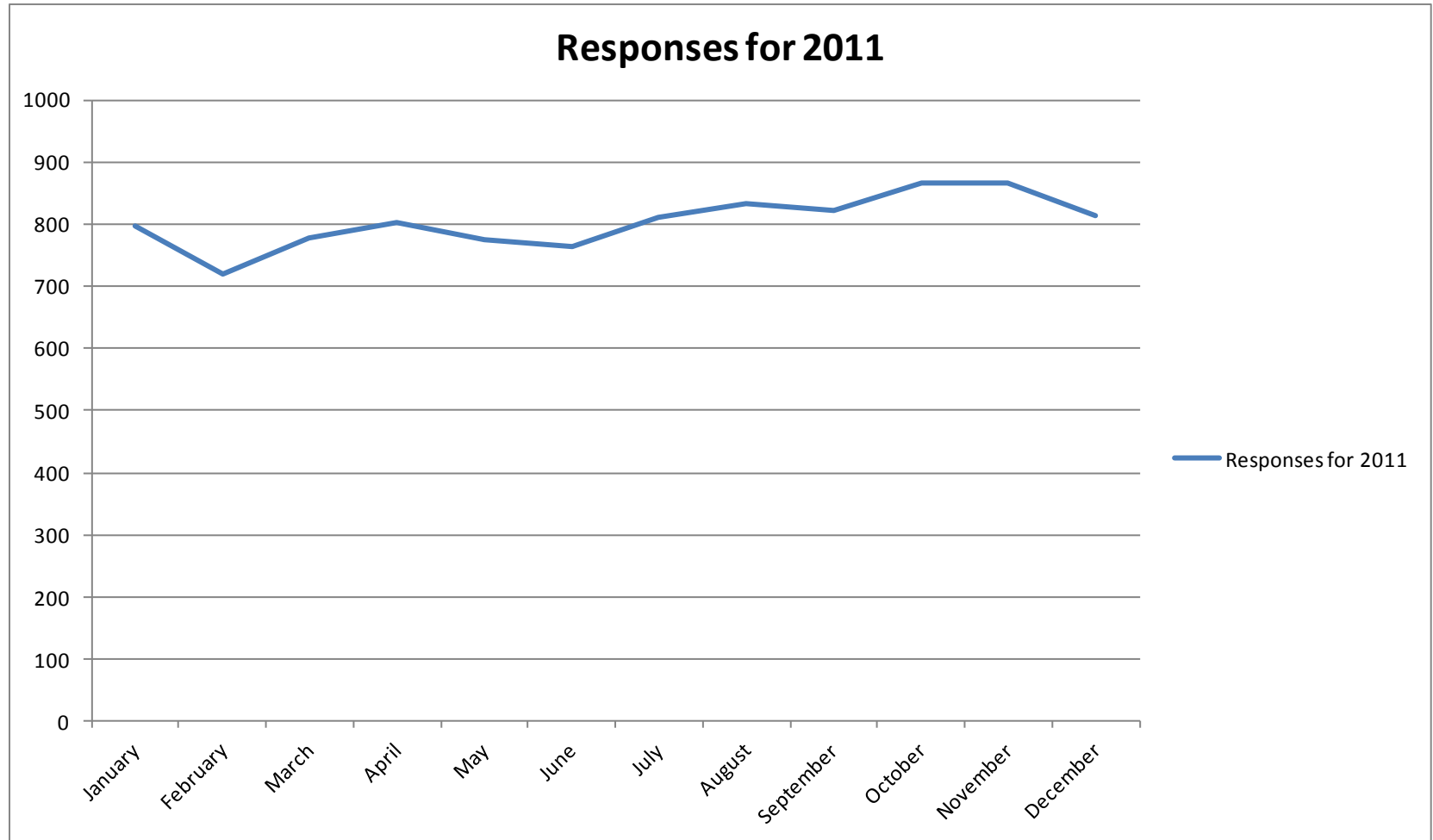


Full Moon Myth



- **NO** significant differences were found in total patient visits, ambulance runs, admissions to the hospital, or admissions to a monitored unit on days of the full moon.
- The occurrence of a full moon has **NO** effect on ED patient volume, ambulance runs, admissions, or admissions to a monitored unit.





Call Coverage 97% Danbury EMS
Peak hour staffing – volume driven
Exceeds NFPA 1710 Response Standards
(Paramedic reaches patient under 8 minutes 95%)



Paramedic Skills and Training



- **1,500 Hours of Classroom Learning**
- **Approx. 1000 Hours of Clinical Pre-Cepting in the Ambulance and Hospital**
- **Advanced Cardiovascular Life Support Certification**
- **Pediatric Advanced Life Support Certification**
- **Completing a Total of 24 Hours a Year of Continuing Medical Education**



Medical Control Oversight

Paramedic Standing Orders – Protocols
Online Medical Control



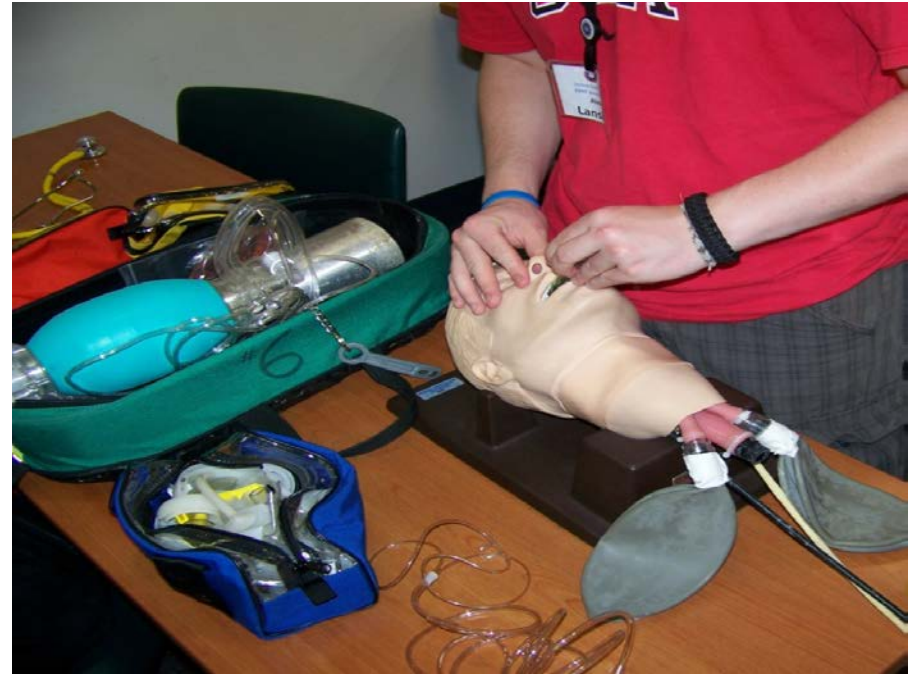
“Doctor to Radio”

Trauma Alerts

Cardiac Alerts

Stroke Alerts





- **Danbury Hospital Trains over 100 EMT Students Each Year**
- **Credentialing of Area Paramedics Through Continuing Medical Education**



Responses with Danbury Fire Department

•High Acuity Medical Calls

Choking

Heart Attack

Cardiac Arrest

Major Trauma

•Hazardous Material

Incidents

•Motor Vehicle Accidents

•Rescue Situations



- **Fully Equipped and Trained Tactical Medical Program Supporting Danbury Police Emergency Service Unit**
 - Eight Paramedics
 - One Physician



Multiple Patient Incidents



- **Command & Control**
- **Triage**
- **Treatment**
- **Transport**
- **Tracking**



Provides Additional Safety for First Responders Working in Hazardous Environments

- Monitor Vital Signs (pre and post)
- Temperature Cooling/Heating



Risk Reduction Paramedic Program

Identification of Community Risk

Cardiac Emergencies

Trips & Falls

Head Trauma – Bicycle and Sport Safety

Storm Readiness

•Prevention

•Preparedness

•Public Education

•Awareness



Range of Emergencies

Large Scale Events:

Hurricanes, Tornadoes, Blizzards

Smaller Events:

Medical Attention to Family Member

FAR REACHING CONSEQUENCES



Preparedness in Action

Step 1: Get a KIT



Step 2: Make a Plan Prepare Your Family



Step 3: Be Informed/Prepare Your Home



CPR Anytime Kit

- 52% of local residents over the age of 40 and diagnosed with heart attack wait at least two hours from the onset of symptoms, don't call 9-1-1, and arrive at the ED by private vehicle! Oh my!



ON AVERAGE,

2,200

Americans die of cardiovascular disease each day, an average of 1 death every 39 seconds.

90%

of women have one or more risk factors for developing heart disease.



More women die of heart disease than the next **four combined**, including all forms of cancer.

MORE THAN
82 MILLION

American adults are estimated to have one or more types of cardiovascular disease. That's one in three people.

Heart Disease is the **NO. 1** cause of death among women 20 and older, killing about one woman every minute.

- High blood Pressure
- Diabetes
- High Cholesterol
- Immediate Family History
- (age < 55-60)
- Smoking
- Gender: Males > Females
- Cocaine Use



- Chest pressure or discomfort
- Shoulder, neck, arm or jaw pain
- Difficulty Breathing
- Fainting
- Palpitations
- Sweating profusely
- Nausea
- Anxiety



Risk Sequencing



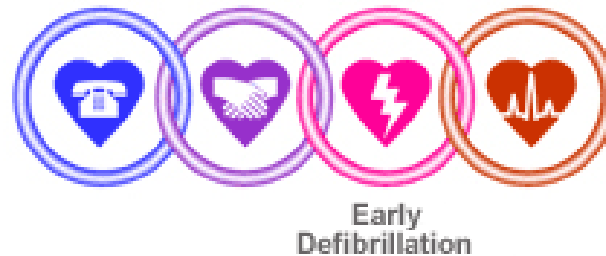
- Onset of signs/ symptoms
- Denial of pain – must be something else
- Take antacid or other comfort measure
- Wait – it will pass
- Call private doctor
- Drive to hospital (don't want to “bother” emergency services/embarrassed)





What is the chain of survival?

- ✓ Early recognition of an emergency and activation of 9-1-1
- ✓ Early bystander CPR
- ✓ Early delivery of a shock with a defibrillator (AED)
- ✓ Early advanced life support

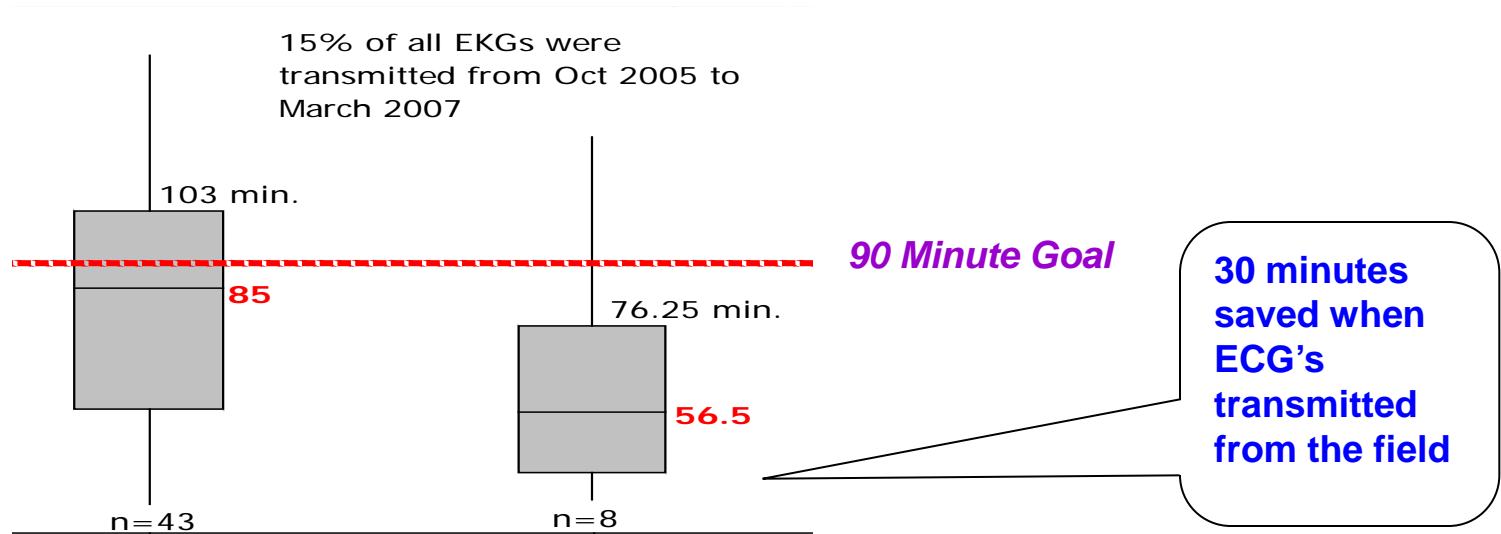


Sudden Cardiac Arrest (SCA)

- Most Common Cause of Death in the US
 - An Estimated 350,000 Deaths Annually
 - A Leading Cause of Disability and Health Care Costs
- A Condition in Which the Heart Suddenly and Unexpectedly Stops Beating
 - Ventricular Tachycardia or Ventricular Fibrillation Usually Cause Sudden Cardiac Arrest



ECG transmission from the field saves time and lives in real life



Ambulance Transfer
No ECG transmission

Ambulance Transfer
ECG transmission

First 99 AMI treated at Danbury



- Many patients are treated with emergency angioplasty
- Recent national guidelines set a goal of door-to-balloon time of less than 90 minutes





City of Danbury a HEARTSafe community

Public AED Deployment

(schools, public buildings)

Six Chest Compression Devices Added to EMS FLEET



Preparedness is **EVERYONE's** Responsibility

Enhance Culture of Heart Health

Learn CPR & Basic First Aid

Make a Plan & Get a KIT

