



Level 1 News

Fall 2009

Trauma System Saves Man Severely Injured in ATV Accident

On August 3, 2009, 35-year-old Clifford Clapsaddle of Coloma, was riding his ATV with his girlfriend on his farm when he struck a log lying across a path and was thrown over the handlebars. He was immediately unresponsive, and his girlfriend ran for help. Fire, police and ambulance personnel were called to the scene.

Within minutes of receiving the call for help, Coloma EMS arrived at the scene. Tom Haydu, EMT-P, Roger Turney, EMT-B, Jason Krueger, EMT-S, and Shawn Smith, EMT-P, quickly assessed the injured patient and jumped into action. Upon noting how badly injured Clifford was, West Michigan Air Care (WMAC) was called for transport to Bronson Methodist Hospital. Spinal precautions were taken with placement of a cervical spine collar and backboard. The team identified injuries to the face and mouth including numerous broken teeth. They immediately administered oxygen and supported breathing through use of a bag-valve mask. The team was unable to intubate Clifford due to his clenched jaw. Two intravenous lines were started and fluids administered. The patient remained unstable and unresponsive, and the WMAC crew arrived approximately 30 minutes from the time they were called to the scene.

WMAC crewmembers DeWayne Miller, RN, Sara Sturgeon, RN, and Eric McLearn, MD, quickly loaded Clifford

on the aircraft within minutes of arrival. They then intubated him to secure his airway prior to take off. It took 15 minutes to transport this critically ill patient from the scene in Coloma to Bronson Methodist Hospital's Level I Trauma Center.

Upon receiving notification from WMAC during transport, Bronson's Alpha (Level I) trauma team was activated and team members promptly responded to the trauma suite. Dr. Philip Borozan led the trauma team. Team members Dr. Brandon Minnick, Branden Ruelas, RN, Josh Ruhtrup, RN, and Terra Hampton, LRT, treated Clifford when he arrived in the trauma room. Dr. Borozan completed a primary and secondary assessment, and trauma labs, X-rays, and computed tomography (CT) scans were completed. A chest tube was placed and central venous catheter inserted. His injuries included a grade four renal laceration, multiple (continued on page 2)



Thanks to Coloma EMS, West Michigan Air Care and the staff at Bronson Methodist Hospital, Clifford Clapsaddle is home after being severely injured when he was thrown from his ATV.

Bronson Recognized for Nursing Excellence

Bronson Methodist Hospital has been designated a Magnet Hospital for Nursing Excellence! Less than five percent of hospitals in the U.S. have achieved Magnet status and Bronson is honored to be listed among them for superior patient care, nursing excellence, and innovations in professional nursing practice. Interdisciplinary relationships with EMS providers were highlighted in the application and during the site visit. Thank you to

all the EMS providers who work together with the nursing staff on a daily basis to provide excellent patient care at Bronson.



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Interim Recommendations for EMS for Management of Patients with Confirmed or Suspected H1N1 Infection

Patient assessment:

If the CDC confirmed H1N1 influenza in the geographic area:

1. Address scene safety
 - If Public Safety Answering Points (PSAP) advise potential for acute febrile respiratory illness symptoms on the scene, EMS personnel should wear Personal Protective Equipment (PPE) for suspected cases of H1N1 influenza prior to entering the scene.
 - If PSAP has not identified individuals with symptoms of acute febrile respiratory illness on the scene, EMS should stay more than six feet away from patient and bystanders with symptoms, and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of H1N1 influenza.
2. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/rhinorrhea, sore throat or cough).
 - If no symptoms of acute febrile respiratory illness, provide routine EMS care.
 - If symptoms of acute febrile respiratory illness, wear appropriate PPE (see below) if not already on for suspected case of H1N1 influenza.

Personal protective equipment (PPE):

- When treating a patient with a suspected case of H1N1 influenza as defined above, the following PPE should be worn (when coming into close contact with the patient): fit-tested disposable N95 respirator and eye protection (e.g., goggles, eye shield), disposable non-sterile gloves, and gown.
- When treating a patient that is not a suspected case of H1N1 influenza but who has symptoms of acute febrile respiratory illness, the following precautions should be taken;
 - Place a standard surgical mask on the patient, if tolerated. If not tolerated, EMS personnel may wear a standard surgical mask.
 - Use good respiratory hygiene — use non-sterile gloves for contact with patient, patient secretions or surfaces that may have been contaminated. Follow hand hygiene, including hand washing or cleansing with alcohol based hand disinfectant after contact.
- All EMS personnel engaged in aerosol generating activities (e.g. endotracheal intubation, nebulizer treatment and

resuscitation involving emergency intubation or cardiac pulmonary resuscitation) should wear PPE, unless EMS personnel are able to rule out acute febrile respiratory illness or travel to an endemic area in the patient being treated.

- Encourage good patient compartment vehicle airflow/ventilation to reduce the concentration of aerosol accumulation when possible.

EMS agencies should always practice basic infection control procedures including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of FDA cleared or authorized medical PPE. When coming into close contact with the patient, wear PPE to prevent the spread of infection, including:

- **fit-tested disposable N95 respirator**
- **eye protection (e.g., goggles, eye shield)**
- **disposable non-sterile gloves and gown**

Interim Guidance for Cleaning EMS Transport Vehicles After Transporting a Suspected or Confirmed H1N1 Influenza Patient

The following are general guidelines for cleaning or maintaining EMS transport vehicles and equipment after transporting a suspected or confirmed H1N1 flu patient.

- Routine cleaning with soap or detergent and water to remove soil and organic matter, followed by the proper use of disinfectants, are the basic components of effective environmental management of influenza. Reducing the number of influenza virus particles on a surface through these steps can reduce the chances of hand transfer of the virus. Influenza viruses are susceptible to inactivation by a number of chemical disinfectants readily available from consumer and commercial sources.
- After the patient has been removed and prior to cleaning, the air within the vehicle may be exhausted by opening the doors and windows of the vehicle while the ventilation system is running. This should be done outdoors and away from pedestrian traffic. Routine cleaning methods should be employed throughout the vehicle and on non-disposable equipment.

For additional detailed guidance on ambulance decontamination, EMS personnel may refer to "Interim Guidance for Cleaning Emergency Medical Service Transport Vehicles during an Influenza Pandemic."

EMS Transfer of Patient Care to a Healthcare Facility

When transporting a patient with symptoms of acute febrile respiratory illness, EMS personnel should notify the receiving healthcare facility so that appropriate infection control precautions may be taken prior to patient arrival. Again, patients with acute febrile respiratory illness should wear a surgical mask, if tolerated.

Man Severely Injured in ATV Accident

(continued) hemorrhagic brain contusions, traumatic brain injury, multiple rib fractures and a left pneumothorax.

Clifford was taken to the Interventional Radiology Suite from the Emergency Department, where his renal laceration was embolized to control the bleeding. He was then admitted to the Trauma Care Unit (TCU). He was in the TCU for 20 days, during which he underwent a tracheostomy and feeding tube placement. On August 24, Clifford was discharged to Mary Free Bed Rehab Hospital for rehabilitation. He has since returned home and is now completing outpatient rehabilitation at Community Hospital in Watervliet. His feeding tube has recently been removed, and he is doing great. He enjoys being able to take long walks on his farm again and is extremely grateful to all who helped take care of him.

Bronson Trauma Service extends a special thank you to Coloma EMS and West Michigan Air Care for providing excellent care both at the scene and during transport to Bronson. Thank you also to the Bronson Trauma & Emergency Center, Radiology and Trauma Care Unit team members for providing excellent care and support to Clifford and his family throughout his hospitalization. Everyone involved in the care of this critically injured patient worked together to provide rapid care at the scene, timely transport, prompt and appropriate interventions and overall excellent care!

— Rita Cox, RN, BSN
Trauma Program Manager

Spotlight on: Retired Climax Fire Chief Larry Leach

Larry Leach, a long time community fire and rescue provider, retired in July after 35 years with the Climax Township Fire Department. He served 22 of those years as fire chief. His career with the fire department originated in 1974 through a family connection — at that time, his wife's grandfather was the chief and her father was the assistant chief.

Looking back, he says some of his greatest accomplishments throughout his tenure include technical advancements in training and equipment. Larry remembers that when he first joined the fire department, he was given only a helmet, a pair of boots and the equivalent of a rain jacket to perform his duties! Firefighters today are equipped with thousands of dollars equipment including the most advanced turnout gear to battle blazes.

Additionally, Larry oversaw the building of a new fire station in 2005 and the delivery of a new tanker truck in 2004.

There is one call in particular that Larry will never forget. Several years ago, he helped deliver a baby by flashlight because the power was out. The father of that child was so impressed that he joined the fire department — and even assisted in a subsequent delivery himself!



Larry Leach, retired chief of the Climax Township Fire Department, now owns Avalon Farms.

What is next for Larry now that he is retired? He's returning to his roots — literally! Larry owns Avalon Farms, which is made up of 800 acres of land that has been in his family for four generations.

Avalon Farms has a specialized greenhouse system that enables them to grow crops year round. Using a High Tunnel System, which allows constant ventilation, and Nutrient Feeding Technology, which uses recycled nutrient water, Larry grows a variety of vegetables, including bok choy, lettuce, collards and tomatoes in a

climate-controlled setting. The farm focuses on providing organically grown produce rather than commercially grown items that are sometimes altered to make them look more appealing. As a result, Avalon Farms continues to thrive.

Bronson salutes you, Larry, for all your years of dedicated service and wishes you the best in your future endeavors.

— Tim Owen, EMS Liaison

Neurosurgeon Earns Interventional Fellowship

Bratislav Velimirovic, MD, PhD, medical director of Neurosurgery at Bronson Methodist Hospital, has completed a fellowship in neurosurgery endovascular at Wayne State University. Dr. Velimirovic specializes in spine surgery, neurointerventional and endovascular procedures. He has practiced at Bronson Neurological Services since 2005.



Bratislav Velimirovic, MD

Procedures performed by the neurosurgery team at Bronson include the most advanced minimally invasive surgery techniques to treat brain tumors, vascular disorders, and spinal and peripheral nerve disorders.

Bronson Receives AHA-McKesson Quest for Quality Award

Bronson Methodist Hospital is the 2009 recipient of the American Hospital Association-McKesson Quest for Quality Prize®. This top national honor is awarded annually to one U.S. hospital in recognition of its leadership and innovation in quality, safety and commitment to patient care.

In particular, it honors success in achieving the Institute of Medicine's six quality aims to ensure care is safe, timely, efficient, effective, equitable and patient and family centered (STEEEP).

For more information, go online to bronsonhealth.com/quality.



Frank Sardone, president & CEO, represented Bronson at the American Hospital Association (AHA) Leadership Summit where Bronson was recognized as the winner of the 2009 AHA – McKesson Quest for Quality Prize. Pictured also are leaders from finalist Beth Israel Deaconess Medical Center and citation of merit recipient Duke University Hospital. On the left is AHA president Rich Umbdenstock who visited Bronson Methodist Hospital on August 19 to recognize Bronson employees for their efforts.

American Hospital Association McKesson

Quest for Quality Prize™



Honoring Leadership and Innovation
in Patient Care Quality, Safety, and Commitment

Mark Your Calendar!

2010 WORKSHOPS

Cardiac: February 8
Trauma: March 23
Neuro: September 7
Burns: October 20

2010 MICHIGAN TRAUMA SYMPOSIUM

March 29,
WMU's
Fetzer Center



Looking for Back Issues?

You can easily access the current issue of Level I News along with the past three quarterly issues at **bronsonhealth.com**. Simply click on "For Health Professionals" at the bottom of our homepage, then click on "Medical Providers."



Level 1 News

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