



Twiage—Accelerating Life-Saving Care

As many of you are aware, Twiage will be implemented at Waterbury Hospital beginning on October 30th. For those of you who haven't heard, Twiage is a new technology that helps to streamline workflow and accelerate life-saving care for EMS and hospital teams through the use of an online app. Twiage, or "Twitter for triage" as some call it, is designed to simplify the process of transmitting patient information from the field to the emergency department. The Twiage app is HIPPA compliant and available to EMS free of charge on all cell phones and tablets. With the implementation of Twiage, EMS will now have the ability to electronically transmit patient data such as patient identification, symptoms, EKGs, medications, and pictures taken on scene. This can all be done with the tap of a finger or through simple voice dictation.

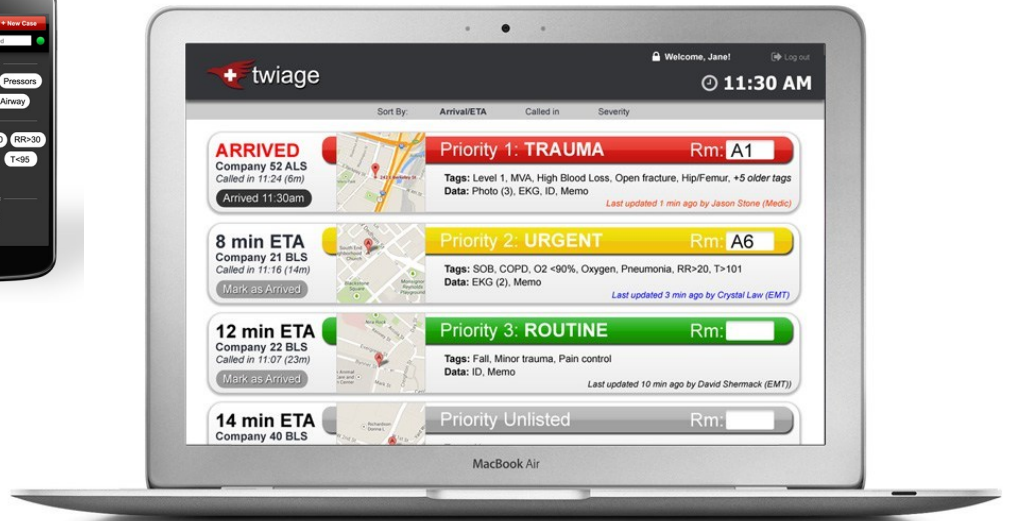
In preparation for this exciting endeavor, Twiage training and support manager Pete Batzinger has been traveling to local departments to provide education on this new and innovative sys-

tem. We are excited to announce that Waterbury Hospital is the first hospital in Connecticut to implement Twiage in order to improve the delivery of patient care. Twiage will soon help Waterbury Hospital Emergency Department providers easily track and prioritize incoming EMS, accelerate door-to-room times, and improve clinical outcomes based on accessibility to pre-hospital data, EKGs and videos.

Twiage has been rapidly gaining popularity nation-wide, and we are so excited to be bringing this award-winning program to Connecticut. We anticipate that Twiage will not only improve patient outcomes, but also improve the ease at which EMS provides care to patients within our community.

For any questions regarding the implementation and operation of the Twiage app, feel free to reach out to us at EMS@wtbyhosp.org.

- Dayna Failla, MSN, RN



Twiage goes live on Halloween!!

Waterbury Hospital – Trauma Time

Blunt Cerebrovascular Injuries (BCVI)

What exactly is BCVI? BCVI is blunt injury to the carotid or vertebral vessels.

How do they happen? Typically, these injuries result from rapid deceleration with associated hyperflexion and rotation of the neck. Motor-vehicle collisions and hangings are a few examples of how patients can obtain this type of injury.

Is it common? No, BCVI injuries occur in approximately 1-2% of patients admitted in the U.S. after blunt trauma. However, they are serious! Studies have shown that even low grade injuries have an increased risk of stroke, with high grade injuries approximating 100% stroke rate. The mortality rate for patients with BCVI has been found to be as high as 40%. So even

though they are not common, they are extremely serious injuries.

How do we know who is high risk for BCVI? Many studies have been undertaken to attempt to identify patients at high risk for BCVI in order to minimize delay in diagnosis. Most recently in 2011, the Denver group revised its screening protocol, “Modified Denver Criteria”:

How do you treat BCVI? Depending on the kind of injury to the vessels, and the degree of the injury, there are a few different treatment options. These treatment options include surgical repair, anticoagulation, or angiointerventional therapy. Some patients may get transferred out for treatment, while others may be closely monitored inpatient. The crucial point is that these injuries are not missed, and this screening tool has been incorporated into our Trauma process to do just that.

Any questions, thoughts, ideas, concerns, or feedback in regards to the care of the trauma patient at Waterbury Hospital? Please contact Monika Nelson, Trauma Program Coordinator – monika.nelson@wtbyhosp.org

- Monika Nelson, MSN, RN, CEN

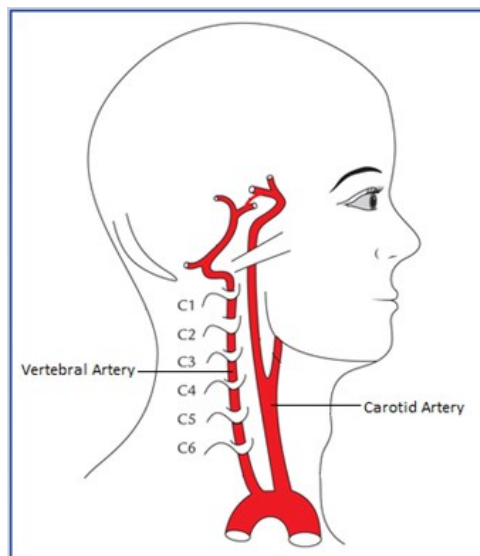
Denver Modification of Screening Criteria

Signs/symptoms of BCVI

- Arterial hemorrhage
- Cervical bruit
- Expanding cervical hematoma
- Focal neurological deficit
- Neurologic examination incongruous with CAT scan findings
- Ischemic stroke on secondary CAT scan

Risk factors for BCVI

- High-energy transfer mechanism with
 - Lefort II or III fracture
- Cervical spine fracture patterns: subluxation, fractures extending into the transverse foramen, fractures of C1–C3
- Basilar skull fracture with carotid canal involvement
- Diffuse axonal injury with Glasgow Coma Scale score ≤ 6
- Near hanging with anoxic brain injury



Just a reminder regarding our trauma designation

“Waterbury Hospital is a verified Level II trauma center by the Verification Review Committee (VRC), a sub-committee of the Committee on Trauma of the American College of Surgeons (ACS).”

The Flu Season Has Begun

The 2018-2019 flu season has officially started. Last week, New Haven County had the highest total of confirmed influenza cases so far. They had 17 out of the 46 in Connecticut. Litchfield county has had a total of 4 cases. 23 of the 46 cases have been hospitalized and many of them are Influenza A.

Here are some tips to keep you from getting sick:

1. Clean and disinfect all surfaces including radios, stethoscopes, counters, etc. (Influenza is a droplet.)
2. Wear the appropriate PPE. (gloves, mask, eye protection)
3. Wash your hands before and after each patient
4. Get your flu shot!!!

Waterbury Hospital—MCI Exercise

On October 17th, Waterbury Health conducted a mass casualty exercise with Russell Phillips and Associates. The exercise consisted of 14 patients coming into the ED via AMR Ambulance with traumatic injuries. The scenario was a report of two vehicles that had been driven into a crowd of pedestrians at a Greek Festival in Waterbury. The report came in from C-MED stating there was an MCI declared at the Festival and Waterbury Hospital could expect up to 20 patients. Our census in the ED that morning was already on the high side so the extra 14 patients that did arrive with mostly serious injuries caused the Emergency Department and Surgery Department to be pretty busy. The crews did a very good job providing patient care to the students of Kaynor Technical High School who were acting as our “mock patients” for the day. All of the students that

participated in the exercise are in school to have careers in the medical field so they were very excited to be part of it.

Command was set up in our command center to provide the ED with proper support which included staffing and equipment during the influx of patients.

We would like to send our thanks to Russell Phillips, Northwest C-Med, Waterbury Fire Department, AMR Ambulance, and the students of Kaynor Technical High School for all of the support during the exercise.

- Ryan Crichton, BS, EMT



EMS in the Community

Celebrating Woodbury’s Fall Festival on Sept. 30, 2018, were Woodbury Ambulance Members Meagan Kelley, Judy Saari and Barbara Etchito along with Waterbury Health’s Alliance Medical of Woodbury staff, Susan Wood and Saloua Mabkhouti, APRN.

If you have any suggestions or questions pertaining to EMS including patient follow-ups, please contact us at ems@wtbyhosp.org.

Upcoming Events:

Waterbury Hospital - CME - Nov. 21, 6-9PM

- Opioid Substance Recognition Training with the CT Drug Enforcement Lab (*Tentative*)
- Bizzozero Conference Room

Waterbury Hospital - (8) CME Credits - Dec. 3, 8am - 5pm

- EMS Symposium
- Bizzozero Conference Room
- Lunch included