

# Teaming Up to Deliver Top-Notch Emergency Care



Jonathan Landis, MD, chairman of the Department of Emergency Medicine at UPMC Passavant-McCandless.



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*When the unexpected happens, the doctors and nurses in the Emergency Departments at UPMC Passavant-McCandless, UPMC Passavant-Cranberry, and UPMC St. Margaret team up to respond — 24/7.*



Richard Heath, MD, chief of Emergency Medicine at UPMC St. Margaret

Rich Pierce, 65, was taking out the trash on a brisk morning last March when he felt pressure in his chest. He thought it was a muscle spasm caused by breathing in cold air. "It was just a little pressure. I really didn't think much of it," says the Slippery Rock resident.



Raymond Viducich, MD

Thankfully, his wife, Kathleen, soon arrived home from her shift as an Emergency Department (ED) nurse at UPMC Passavant-Cranberry. Although his pulse seemed normal, she insisted on taking him to the hospital where he was immediately hooked up to an EKG. "You're having a heart attack," **Raymond Viducich, MD**, told his stunned patient.

Seventeen minutes after arriving at the Cranberry campus, Rich was on a helicopter headed to UPMC Passavant-McCandless, where a cardiac catheterization (cath) lab team was waiting. After determining he had a blockage

of the left anterior descending artery — a type of heart attack alarmingly known as a "widow maker" — Rich was whisked into surgery for a successful, life-saving double heart bypass.

## PREPARED FOR ANYTHING

"We can handle any type of emergency that arises," says Dr. Viducich, associate chief of the Department of Emergency Medicine at UPMC Passavant-Cranberry. "We have protocols in place to treat strokes and heart attacks. And, if necessary, we can immediately get the patient to our McCandless campus very quickly."

**Jonathan Landis, MD**, chairman of the Department of Emergency Medicine at UPMC Passavant-McCandless, says community hospitals play a key role in providing 24-hour access to emergency care for the unanticipated. Residents in Pittsburgh's northern communities are especially fortunate to have access to three community hospitals — UPMC Passavant's two campuses in McCandless and

Cranberry and UPMC St. Margaret — providing quality medical care close to home, he says.

"Emergency care is about being prepared for the unexpected at all times," says Dr. Landis. "We're ready and able to handle any type of emergency at any hour of the day."

The highly trained staff of ED doctors and nurses at all three UPMC hospitals provide emergency care annually to more than 100,000 patients.

Their excellent clinical capabilities are supported by state-of-the-art technology. And, since they also are part of the UPMC health system, they have access to specialists in multiple areas, including the ability to communicate with experts from the UPMC Stroke Institute via telemedicine.

"If patients need a higher level of care, such as major trauma, once we stabilize them we can transport patients immediately to one of UPMC's two Level I trauma centers in Pittsburgh," explains Dr. Landis.

For a patient who has had a stroke, every minute counts. UPMC Passavant and UPMC St. Margaret are certified as a Primary Stroke Center by The Joint Commission, which means each has a specially trained team available 24/7 to assess and treat stroke patients. They also have protocols to streamline and accelerate the treatment of stroke patients.

"Time is critical when it comes to treating strokes," says **Richard Heath, MD**, chief of Emergency Medicine at UPMC St. Margaret. "As a Primary Stroke Center, we're geared to handle patients who present with stroke symptoms. The earlier a patient is evaluated and treated, the better the outcome."

If needed, patients can be transported to UPMC Presbyterian for advanced stroke treatment.

## FAST-ACTING MEDICINE AND STATE-OF-THE-ART CARE



Elaine Lynch

Last April, Aspinwall resident Elaine Lynch was 15 minutes into her normal morning routine when she suddenly felt "something just wasn't right." Her only major symptom: feeling like she was going to fall.

"I've had vertigo, but this was different," says Elaine, 73, retired administrative assistant for the late Fred Rogers. "My first reaction was to crawl back into bed, but I've been telling my friends for years to call their doctor or 911 right away if they don't feel right, so that's what I did."

An ambulance took her to St. Margaret where the ED staff promptly moved her into an exam room. There, she was quickly "plugged into a stroke specialist" via telemedicine.

"I talked to the doctor on the TV, answered some questions, and followed instructions: close my eyes, put my arms out, and touch my nose with my finger," says Elaine. Based on his evaluation, the specialist — a neurologist at the UPMC Stroke Institute — ordered tissue

## Insider Tips for Your Emergency Visit

A medical crisis happens unexpectedly. Here are three ways you can help your ED team provide even better care during an emergency:

### DON'T DELAY: CALL 911

If you or a loved one is experiencing possible stroke or heart attack symptoms, call 911 immediately. "EMS professionals can start treatment and alert us so we're prepared for your arrival," says Dr. Landis.

### CARRY A LIST OF MEDICATIONS, ALLERGIES, AND DEVICES

Keep a current list of medications and allergies in your cellphone, purse or wallet so you have it in an emergency. If necessary, bring your medications with you. "Having a detailed, up-to-date list is very helpful," says Dr. Heath. If you have a medical device, such as a defibrillator or pacemaker, carry a card with the make and model number so your doctor can move quickly if there's a problem.

### BRING A BUDDY

Whenever possible, bring along a relative or friend to help answer questions and listen and record details of your visit, such as test results, diagnosis, and new medications. Limit yourself to one or two buddies and keep your timeline clear and coherent. "Don't give us your entire medical history, but do share the facts we need," says Dr. Viducich. "The focus should be what brought you to the ED."

plasminogen activator (tPA), a clot-busting drug that must be given within four-and-a-half hours after stroke onset to restore blood flow. Less than one hour after first noticing something was wrong, Elaine was receiving the brain cell-saving medication.

Elaine was later transferred to UPMC Presbyterian before coming back to UPMC St. Margaret for rehabilitation. Today, she only has slight numbness from her left wrist to her fingertips and a "Novocain® feeling" on the left side of her face.

"Without that drug, it definitely would have been worse," says Elaine. "I'm glad I had the presence of mind to call 911 for help. And I'll always be grateful to the doctors and staff at St. Margaret. I felt I was in very good hands there."

### WORKING AS A TEAM

Good communication and a team approach have translated into faster turnaround — and a more positive experience — for patients moving through triage, diagnosis, and treatment at the three UPMC EDs. All three boast a "door-to-bed" time of 5 minutes or less and an average "door-to-doc" time of 15 minutes.



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“The patient is always front and center — the focus of what we do,” says Dr. Heath. “We constantly modify our procedures to bring the latest treatments and advances into our practice.”

As part of its efforts to improve the patient experience, UPMC Passavant-McCandless studied every aspect of a patient’s journey through the ED from the parking lot to discharge. Now, patients are taken immediately to an intake room where a triage nurse does a quick assessment and records vital signs, weight, and allergies. Minutes later, they are moved to a treatment room where registration is completed at the bedside. A doctor generally sees patients within 12 minutes of arrival. Patients who arrive with more worrisome symptoms, such as bad belly pain, shortness of breath, chest pain, or stroke-like symptoms, skip intake and go immediately to a treatment room.

“Nobody waits for treatment at Passavant,” says Dr. Landis. “The sooner a doctor sees a patient, the sooner orders can be placed, tests can be performed, and treatment started.”

At Passavant’s Cranberry campus, a five-bed fast track area has been integrated into the ED to treat minor injuries and illnesses, such as sprained ankles, sore throats, and flu symptoms. While the main ED is open 24/7, the fast track area operates from 10 a.m. to 10 p.m. daily, staffed primarily by a nurse practitioner or physician assistant who works with the ED’s board-certified emergency doctors. Similar to McCandless, most patients see a doctor or practitioner within 13 minutes.

“It’s a well-oiled machine. We get patients through quickly,” says Dr. Viducich. “We work as a team to stabilize the patient and provide families with updates.”

Like UPMC Passavant, UPMC St. Margaret’s ED also operates 24/7. Most patients are in a bed within 5 minutes and see a doctor within 17 minutes.

### RAPID RESPONSE, SATISFIED PATIENTS



Donna and Jeffrey Pflumm

Donna Pflumm was heading home with her husband and son after dinner out when they were involved in a frightening crash on Route 19 in Wexford. “A car pulled right in front of us. All the airbags in our truck went off,” says the Glenshaw resident.

All three were rushed to UPMC Passavant-McCandless where they were taken immediately to separate treatment rooms. “I had chest pain. I didn’t think it was my heart, but they took it very seriously,” says Donna, 60, who underwent various tests, including a CT scan and an EKG.

Doctors, nurses, and other ED staff took time to provide updates and accommodate concerned family members when they arrived. Two hours later, the Pflumms were discharged: Donna with a fractured sternum, Jeffrey with a broken right hand, and their son, Kevin, with a concussion.

“We had such good care, and everyone was so nice and comforting,” says Donna. “They treated us like family.” ■