

Partner For Life! Brian Linn



Paramedic Brian Linn joined MedFlight in 2005 and serves aboard MedFlight 19, our Mobile Intensive Care Unit (MICU) based in Cleveland.

Born and raised in Southern Ohio, Brian graduated from the Meridia Paramedic Program in 1999. His extensive knowledge has been built on his experience with Hillcrest Ambulance, Cleveland Clinic Pediatric Transport and the Sagamore Hills Emergency Room.

Brian is recognized as a highly motivated individual and serves on several MedFlight task forces and committees. His team members are inspired by his integrity and commitment to his work. Brian also shows great compassion and care to the patients and families we serve.

Brian was among the MedFlight partners who traveled to Louisiana to respond to the Katrina disaster. On a local level, he volunteers with the Jaycees and Spring Clean Safety Town. Brian is active outdoors and runs in 5K races. He also enjoys spending time with his daughter, Alyssa.

The Center for Medical Transport Research: Creating a National Standard

By Dr. Howard Werman, Medical Director and Dr. Cathy Jaynes, RN, PhD



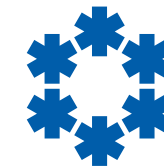
One of MedFlight's strategic initiatives has been to develop a research center for critical care transport. Years of planning by MedFlight leadership have recently culminated in the realization of that goal. The Center for Medical Transport Research will now focus on several key issues, such as:

- The unique clinical requirements present in critical care transport, and the application of interventions in this unique environment
- Operational factors impacting safety, quality of care, and cost
- The role of critical care transport in the larger picture of healthcare delivery, in regard to acute care access and quality for rural residents



Dr. Cathy Jaynes will direct the development of The Center for Medical Transport Research. Dr. Jaynes brings years of experience in critical care transport leadership and flight nursing as well as a PhD in health services evaluation. She also serves as an Assistant Professor at the University of Colorado Denver's College of Nursing.

The Center's first outreach efforts will focus on the development of a national critical care transport research agenda. Planning is underway for a modified Delphi approach to gather input from national leaders and stakeholders, to define and prioritize the research needs of the transport industry. Short and long-term goals for transport research are sorely needed for coordination of industry efforts.



The Center for Medical Transport Research

The Center will collaborate with regional research centers that study critical care practice, to develop larger programs that provide evidence for best practices. Over the next few months, the Center will also develop an international practice-based research network.

Several large national programs have made a commitment to support The Center for Medical Transport Research. International relationships will bring resources together to look at system issues that extend to various payer systems and diverse public policy environments. Rod Crane, MedFlight's CEO, has been very active in coordinating these collaborative efforts.

An additional goal will be to evaluate the role of simulation in the training of critical care providers. MedFlight currently operates a mobile simulation lab with an adult human patient simulator. Plans are underway to work with Wright State University in a collaborative effort to evaluate simulation as a training tool in rural community settings.

For more information contact Dr. Cathy Jaynes at 614.734.8057.

Inside Operations

Dr. John Pakiela Joins MedFlight: Patients Benefit

By Todd Bailey, MBA, Director of Business Development



According to MedFlight Medical Director Dr. Howard Werman, Dr. John Pakiela has had an immediate impact as our new Associate Medical Director. "In only a few months, Dr. Pakiela has made valuable contributions that benefit MedFlight's sending physicians, EMS, and their patients," said Dr. Werman. "In addition, Dr. Pakiela has enriched our core competency training and has met with physicians in Northeast Ohio to improve processes for acceptance and transport of patients to hospitals."

Dr. Pakiela is also an attending emergency physician at Akron General Medical Center. "I was looking for a position that would provide long-term stability while allowing me to continue my work in critical care transport, EMS, and academic emergency medicine," said Dr. Pakiela. "I found that niche with MedFlight and Akron General. I am honored to be a partner with both organizations and join in their efforts to promote fast, safe, and efficient access to the highest levels of medical care."

Dr. Pakiela joined Akron General and MedFlight last winter, after working for Cleveland Metro LifeFlight for seven years, the last five-plus years as the Chief Flight Physician/Medical Director. He is a site surveyor for the Commission on Accreditation of Medical Transport Services (CAMTS), a national board member of the Air Medical Physician Association, a member of the State of Ohio Board



Dr. John Pakiela and Rod Crane

of Emergency Medical Services, and Chief Medical Officer for the Ohio Association of Critical Care Transport. In addition, he has provided over a decade of education on trauma and emergency medicine, and served as a volunteer firefighter/EMS provider for the Kearsarge Fire Department, near his hometown of Erie, Pennsylvania.

Dr. Pakiela currently lives in Macedonia, Ohio. He is married to Mary Jude and has two children, Elise (age six) and Sean (age two).

MedFlight President and CEO Rod Crane commented, "Dr. Pakiela is a respected and proven leader in the air and ground medical transport business, but more important, he is a service-oriented, wise, and approachable person, who is improving the way MedFlight cares for the critically ill and injured."

About MedFlight and Touching Base

MedFlight's mission is to transport the critically ill and injured.

MedFlight publishes *Touching Base* twice each year. We are a private, not-for-profit company made possible by our consortium hospitals: Grant/Riverside Methodist Hospitals (owner), The Ohio State University Medical Center (owner), and Akron General Medical Center (sponsor).

MedFlight Executive Staff

Rod Crane President and Chief Executive Officer

Tom Allenstein Chief Clinical Officer

Howard Werman, MD Medical Director

Chuck Ansley Chief Financial Officer

Have an idea for a story?

Contact Samantha Primmer at 614.734.8026 or sprimmer@medflight.com with comments, story ideas or items for publication. All submissions are subject to editing.

MedFlight

2827 W. Dublin Granville Rd.
Columbus, OH 43235
614.734.8001
www.medflight.com

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Inside Operations

Dublin's New State-of-the-Art Ohio Health Hospital

By Sue Renner, RN, Base Director MF 11/12

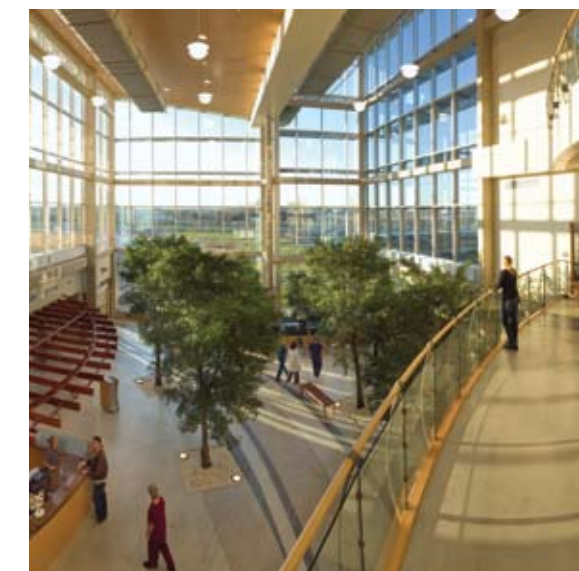


Dublin Methodist Hospital (DMH) serves the greater Northwest Columbus area as well as parts of Union, Delaware and Madison Counties. DMH is a state-of-the-art hospital combining traditional full-service care with a holistic and spiritual approach. The emergency department is prepared to handle most every situation.

When critical care transportation to or from DMH is needed, MedFlight can respond with our Columbus-based Mobile Intensive Care Unit (MICU) or medical helicopter. MedFlight's regional bases can also serve as backup, since DMH is strategically located between multiple bases.



Dublin Methodist Hospital



The hospital interior is designed to have a calming effect

DMH services include:

- 24-hour full-service Emergency Department
- Outpatient and inpatient surgical services
- Women's Health, including obstetrics
- Inpatient medical services
- Intensive care beds with a link to OhioHealth's eICU, a remote monitoring system that enhances safety for critically ill patients

MedFlight can now better serve patients in the Northwest Columbus area via Dublin Methodist Hospital.



Inside Operations

MedFlight's New Look Derived from Traditions and Strengths

By Todd Bailey, MBA, Director of Business Development



Successful organizations will evolve while keeping the best parts of their brand at the heart of their business. For example: Federal Express adopted the name customers used for the quick and dependable courier: FedEx. An innovative company named Apple created a product line called Macintosh, now recognized as Mac. These simple yet well-developed trademarks are immediately recognized around the world.

MedFlight is undertaking a similar effort. Our goal is to present the best outward appearance for our organization, simplify our message, and increase our visibility in the communities we serve. Over the next few months you'll see new logos and graphics on our print and media materials. The new graphics will also be applied to MedFlight vehicles, signage, and uniforms, as time and budgets allow.



logo



insignia

These new graphics are more evolution than revolution. They are designed to create a more consistent and unified identity for MedFlight bases and teams, and to better represent the high-quality service provided by our MedFlight partners.

We've also made a simple name change and returned to our roots at the same time: from MedFlight of Ohio, back to MedFlight. We added the "of Ohio" in recent years to help distinguish us from other "med-flight" operations around the country. Now, however, we can stand on our original name, due to our relationships and history in the medical transport industry and the fact that the communities we serve only know one MedFlight: us. We first used the name MedFlight in 1995, when Grant Hospital's LifeFlight merged with The Ohio State University Medical Center's SKYMED program.

We've made an adjustment to our logo colors, upgrading the dark green and blue to brighter, higher-visibility hues. And we've created an insignia that combines the Star of Life with our *Partners for Life* motto, reinforcing our longstanding pledge to patients and the emergency medical partners we serve.

Look for these new graphics over the course of 2008, as we continue the tradition of being your *Partners for Life*.

Safety

Critical Incident: Surviving the Big, the Bad and the Ugly

By Robert Cornwell, NREMT-P, EMSI, Base Director MF 3



For many in Emergency Medical Services (EMS), a critical incident, or multiple-casualty incident, is often termed "the big one." The critical incident may also be a "bad" scene involving a child or an "ugly" situation when things go very wrong. It may be a life or death situation for us, or our peers. Overall, the critical incident is any event where our ability to cope is pushed to the limit, both physically and emotionally.

EMS is inherently stressful: with shift work, educational demands, conflicts, and the urgent nature of responding to calls. We prepare ourselves to cope with the physical stress of our jobs by gaining knowledge and developing our skills. But, how do we cope with the emotional stress that a critical incident places on us?

Stress is considered an "equal opportunity offender" affecting everyone to some degree. To emotionally survive, we must first recognize the signs and symptoms of our distress and understand that the effects vary for each of us. Applying standard coping techniques during and after the critical incident will help us maintain our emotional health.

During the initial moments of an incident, we often find ourselves unable to believe what we are seeing or experiencing, including perceptual disorders such as the perception of time slowing down. We can also suffer from tunnel vision and be unaware of sounds around us. Our ability to concentrate can affect our performance. Physical symptoms can include nausea or fainting.

After one's initial reaction to an incident, we enter a stage of emotional crisis that can begin within seconds and can last for days. During this period, additional physical signs can include hyperventilation, tremors, crying, and even giddiness. An individual may be inattentive, tense, irritable, hyperactive or dazed. One might experience memory loss or be in a state of denial. Guilt or inadequacy over real or imagined misjudgments is common.

Without intervention, an individual suffering from the stresses of a critical incident has trouble relating to both the personal and professional world. In

short, family problems usually exist. Unfortunately, sometimes individuals turn to alcohol or drugs to help cope. The emotional downward spiral can continue to result in a tragic end: job loss, divorce, or even suicide.

The key to getting through a critical incident is by applying routine and interventional coping mechanisms. Often this can't be accomplished alone. Help from peers, family, and friends is the most accessible and effective. There are times however when professional assistance is necessary. Mental health professionals, clergy and employee assistance programs are valuable resources that should be considered in these situations.

The single most important thing we can do following a critical incident is to begin talking about it. Find a good listener, someone who can be patient and lend support. A formal Critical Incident Stress Debriefing (CISD) can be helpful especially when an incident has affected others regarding the incident.

There are other things you can do to overcome a critical incident. Establish a healthy routine, develop outside interests, exercise, don't put off daily tasks, take a break or vacation, get plenty of sleep and never rely on alcohol or drugs. These same methods also help with the everyday stress of jobs and personal lives.

In the world of EMS, stress surrounds us. When "the big, the bad or the ugly" exceeds our ability to cope with the situation, we can become victims. By recognizing when a critical incident has occurred and responding appropriately, we can retain our overall health and continue being healthy EMS providers.

References:
Cornwell, R. L.: "Surviving the Critical Incident," Grant Lifeflight Log, June 1989, Page 6.

Seaward, B. L.: *Managing Stress in Emergency Medical Services*, Jones and Bartlett Publishers, 2000.

Cornwell, R. L.: "Critical Incident Stress Management, EMS Approach to Handling the Big, the Bad, and the Ugly," PowerPoint presentation, 2007.

Safety

Road Safety System: The Black Box

By Sue Renner, RN, Base Director MF 11/12, and Mark Collins, Director of Operations



MedFlight is developing a comprehensive Safety Management System to define our processes and direct our resources to optimize safety. Part of this process is the ability to analyze our safety practices and make them measurable, so we can actually see if we are doing everything possible for the safety of our patients and team members.

Our Mobile Intensive Care Unit (MICU) teams have been participating in a six-month trial of the "Road Safety" black box system, which incorporates an on-board computer to record data pertinent to safe driving practices. During this trial we have identified areas where driving improvements need to be made, and communicated this information to team members. The system is already helping us to achieve safer driving practices.

This system records driving speeds for non-emergency and emergency transports, seatbelt usage compliance, use of a backing spotter, hard deceleration or acceleration, high over force, and several other indicators that affect overall safety

as well as vehicle maintenance. Each person who drives is assigned a "fob" that is used to log into the vehicle's computer whenever they drive. If the pre-set low speed limit is exceeded, or if the seatbelt is not buckled, the computer warns the driver with a low "growl." If the speed exceeds the high limit, or if the driver continues to be non-compliant once warned, then the computer makes a high-pitched noise that continues to give counts until compliance is achieved. These are just two examples of what the system does to "nudge" our team members when they are not meeting the pre-set safety limitations.

On a monthly basis we will record, monitor, trend and report back to our team members on their driving. They will be able to see how many hours of drive time they logged and what percent of this time they were in compliance with safety indicators. The process is meant to be a positive learning tool for continuous improvement, which will help us to proactively learn safer driving practices.

Colin Henry Returns to MedFlight as Director of Safety



Colin Henry recently transitioned from the Chief Pilot position at Dallas-based Omniflight to become the new Director of Safety for MedFlight. Colin first served with MedFlight in the late 1990s as a pilot and Safety Officer.

Colin is an experienced pilot and instructor and will lead MedFlight's efforts to be among the nation's safest critical care transporters.

Please welcome Colin to the MedFlight team. He can be contacted at chenry@medflight.com

Case Study

Research in EMS and Air Medical Transport

By Dr. Howard Werman, Medical Director



MedFlight is working with other partners in the industry to develop the Center for Medical Transport Research to address the very questions we face in providing care in a transport setting. It is my hope that by pooling the resources of several large transport programs, we will be able to answer the relevant questions that are posed regarding the benefit and cost-effectiveness of critical care transport.

(see cover article)

Years ago when I was a young faculty member, I worked with an incredibly talented researcher named Charles Brown, MD. Chuck was brought on as a Research Director and I was recruited to be his first fellow. I was quite inexperienced in research and wondered where the ideas for projects would come. It was simple, he explained—we opened up the ACLS text and found that a dose of 1 mg of epinephrine was recommended for treatment of cardiac arrest. This dose was derived from studies on 10 kg dogs—a dose of 0.1 mg/kg (or 10 times the current recommended dose). The rest is history—our studies showed that every hemodynamic measurement made using our model of cardiac arrest including brain and heart blood flow, coronary perfusion pressure and amplitude of ventricular fibrillation improved with the higher dose of epinephrine. Case reports began to appear in the literature showing an occasional survivor among patients who had not originally responded to standard therapy. Unfortunately, human clinical trials (NEJM 1992; 327(15):1051-5) did not validate these remarkable benefits. High-dose epinephrine has been largely abandoned as a promising therapy for cardiac arrest and is now a historical footnote (on my CV). This experience taught me to be very skeptical of promising research and to insist on results where it counts the most—in the clinical arena.

At a recent meeting of the National Association of EMS Physicians, I was struck by the contrast between the marketing of certain products in the exhibition hall and the discussion of research that was taking place in the meeting. Two products were of particular note—a mechanical load-distributing band chest compression device and an impedance threshold ventilation device. Let me be clear from the onset that I have no particular opinion on these devices except to say that the marketing has far outpaced the research on these devices. In the abstract sessions, a group from Baystate Medical Center recreated the animal studies (Prehosp Emerg Care 2008; 12(1):99) using the impedance threshold device and found no beneficial effect on resuscitation or survival. The same device is being evaluated in a large multi-center trial which will not conclude until 2009 conducted

by the Resuscitation Outcomes Consortium. Yet the device has already been marketed widely to the EMS community. Similarly, a large scale clinical study (JAMA. 2006; 295:2620-2628) has already demonstrated no survival benefit to the use of one mechanical load-distributing band compression device. Here again, this device has been widely sold throughout the EMS community despite the best research available showing no benefit to this device.

As clinical care providers, we need to strike a balance between our desire to provide cutting edge clinical care and being so skeptical of research that we are frozen in our treatment regimens. The same issues that are outlined above plague the critical care transport industry. If we insisted on randomized double blinded clinical trials to validate the care provided, our industry would fail to advance. Yet, thoughtful clinicians in the industry are disquieted by the fact that much of the care provided is based on inference from other clinical settings such as the ICU or Emergency Department or small studies involving a single transport program's experience. We have fairly good evidence that air medical transport provides benefit and is cost-effective in the setting of trauma, but other areas (acute coronary syndromes, high-risk obstetrics, septic patients, etc.) remain largely unexplored. Furthermore, the role of critical care ground transport when compared to ALS care has not been examined.

MedFlight Minutes

Red Cross of China presents MedFlight CEO with Award for Olympic Planning

MedFlight President and CEO Rod Crane has received the Special Contribution Award from the Red Cross Society of China. Rod traveled to Beijing to receive the award last January.

The award is presented annually to an individual who has made significant contributions to the mission of the Beijing Red Cross, and was presented to Rod for his assistance in preparing Beijing to host the 2008 Olympics. The Red Cross historically plays a major role in Olympic planning, ensuring all safety measures and disaster precautions are made. With China hosting for the first time in 2008, they sought input from an international team, which included Rod.

“Rod Crane has been instrumental in facilitating international exchanges through his tireless efforts, organizing, and fundraising,” said Han Lu, executive vice president of the Beijing Red Cross Society. “With the invaluable help from Rod Crane and the American Red Cross family, the Beijing Red Cross is well prepared to take on the 2008 Olympic challenge.”

MedFlight’s John Moore is Ohio Medical Transportation Board Vice Chairman

John Moore has been a MedFlight partner since our inception in 1995. He started his career with Grant LifeFlight in 1984 as a Flight Paramedic, and is one of the original MedFlight employees from the LifeFlight/SKYMED merger. John is currently stationed at the MedFlight 2 helicopter base in Union County.

John joined the Ohio Medical Transportation Board (OMTB) in 2000 as a board member. Since 2006 he has held the Vice Chair position, which oversees ground vehicle inspections in Ohio.

The OMTB’s mission is to regulate inspections, certification, and licensure for all non-emergency, emergency, and air medical service organizations. The OMTB’s goal is to ensure appropriate care and transportation for the citizens in Ohio. In the beginning, the OMTB managed approximately 200 transport companies, but now oversees more than 400.

John is married to Sue. They have two children, Jayme and Steven. John also serves as a firefighter and paramedic for the Columbus City Fire Department.

New MedFlight Partners and Positions

Mike Corbett joins Bob Burkey in our Supply Fulfillment Office.

Bob Cornwell, Flight Paramedic, is now the new Base Director for the Jackson County Helicopter.

Deb Dowell, MICU Nurse, is now the new Base Director for our Marion County MICU.

Allie Hambel, formerly of Genesis Health System in Muskingum County, joins MedFlight as Staffing Coordinator.

Colin Henry recently moved from the Chief Pilot position at Dallas-based Omniflight to become the new Director of Safety for MedFlight.

Linda Hines, RN, JD, is our new Risk Manager. Linda joins us from Mt. Carmel Health System.

Kenny Hoffman, Flight Nurse, is now the new Base Director for the Franklin County Helicopter.

Jim Houser, Flight Paramedic, formerly with Stat MedEvac, has assumed the Base Director position for our Tuscarawas County Helicopter.

John Pakiela, DO, has joined MedFlight as Associate Medical Director. He is an attending physician with Akron General Medical Center and formerly worked with Metro LifeFlight in Cuyahoga County.

Mike Perkins, formerly of Coshocton County EMS, has assumed the Base Director position for our Morgan County Helicopter.

Thad Turano and **Bryan Spangler** have been promoted as Outreach Coordinators for the Business Development Team, replacing **Smokey Solze** and **Jim Sheehan**, who were promoted to Base Directors for the Coshocton and Medina County helicopters.

Education

2008 MedFlight Lecture Series

The MedFlight Lecture Series is offered to MedFlight partners, EMS and healthcare workers. The series ranges from pediatrics to adults, medical to trauma. Each two-hour lecture is held at 2 p.m. at MedFlight’s Columbus base. Participants will earn 2.0 CEUs. **We would love to have you join us!**

For more information, contact MedFlight Education Director Chuck Boak at cboak@medflight.com, or 614.734.8022.

Jun 4	Pediatric Head Trauma	Dr. Yaffa Gewirtz Nationwide Children’s Hospital
Jul 2	Priorities in Customer Service and Multiple Casualty Incident Management , based on the Bluffton bus crash	Dr. Jim Augustine SEORMC
Aug 6	The Wheezing Infant	Dr. Jim Naprawa Nationwide Children’s Hospital
Sep 3	Extremity Reattachment	Dr. Paul Cook Riverside Methodist Hospital
Oct 1	DKA and Cerebral Edema	Dr. Larson Nationwide Children’s Hospital
Nov 5	Current Trends in Alzheimer’s Disease	Ann Bair Alzheimer’s Association
Dec 3	Bronchiolitis: Critical Care Management	Dr. Margaret Chase Nationwide Children’s Hospital

Ohio Medical
Transportation Board
1952 West Broad Street
Columbus, OH 43223
614.466.9451 *Phone*
614.728.6040 *Fax*
1.866.392.6252 *Toll Free*

Ronald Grout
Executive Director

Rebecca Baute
Chair

John Moore
Vice-Chair

Community Profile

MedFlight is Proud to Serve Twin City Hospital

By Thad Turano, BS, CCEMT-P, Business Development Coordinator



Twin City Hospital is a 25-bed, community-based hospital located in Southern Tuscarawas County in Dennison, Ohio.

The Hospital was founded in 1912 and is fully accredited by the Joint Commission on Accreditation of Healthcare Organizations. In 2007, the Emergency Department (ED) at Twin City treated over 8,000 patients using just 6 treatment rooms, while also providing solid general care to the region.

To better serve the community, Twin City Hospital is currently undergoing an expansion that will update the facility and greatly enhance services.

The ED is expanding to 9 beds with 2 trauma rooms and a waiting area. There will also be an added EMS entrance, EMS workstation, and decontamination shower. All rooms will be private and radiology services will be located closer to the ED to expedite patient care. The tentative completion date of the project is April 2009.

The new construction and services at Twin City Hospital is not the only step this community hospital has taken to better patient care. The Hospital has recently contracted with a new ED physicians group affiliated with Aultman Hospital in Canton.

Dr. Ross Campensa is the new Medical Director for the Emergency Department. Dr. Campensa has an extensive background in emergency medicine, including being current Medical Director for Greene County EMS.



Twin City Hospital

Joyce Schrickel, Nurse Supervisor for Twin City Hospital, wants the community to know that they have taken steps to offer the best possible care when emergencies arise. She said, "If Twin City Hospital is unable to care for the patient, we will stabilize the patient and rapidly transfer to an appropriate tertiary facility."

This year, Twin City Hospital has already decreased door-to-catherization times by 56 minutes. The door-to-catherization time has been greatly enhanced by the relationship Twin City Hospital has with Aultman Hospital and MedFlight. Sue Walters, Nurse Supervisor of the Emergency Department stated, "Just knowing MedFlight is there is very comforting."

Community Profile

Outstanding Clinical Skills Save Harrison County Hunter

By Bryan L. Spangler, BA, EMT-I, CFC, Business Development Coordinator



In the morning hours of December 15, 2007, 39-year old James Ippolito was hunting near Tappan Lake. He called his wife Stefani to let her know he had shot a deer and intended to try for another. He resumed hunting, but soon felt tired and decided to head home. While loading the deer, James began to sweat and suffer chest pains. He called Stefani again, then 911, and was connected to the Jefferson County post of the Ohio State Highway Patrol.

James was unsure of his location. All he knew was that he was on private property in a forest along Weaver Road in Harrison County. Multiple departments were dispatched to help locate him. About 20 minutes later James heard sirens approaching. The chest pain was now radiating, and both his arms were going numb.

The Deersville EMS volunteer squad arrived on the scene first. They rapidly assessed James' condition as a heart attack, administered nitroglycerin, and called for paramedic backup. Smith Ambulance from New Philadelphia responded, and a 12 lead electro-cardiogram (ECG) was quickly performed, which revealed an ST segment elevated myocardial infarction (STEMI). Smith Ambulance then notified MedFlight that helicopter transport would be necessary. Meanwhile, the Volunteer Fire Departments of Washington Township, Tappan Lake, and Bowerston arrived on scene, assisting with patient care, extricating James from the forest, and securing a helicopter landing zone.

MedFlight transported James to Akron General Medical Center, where he was rushed to the Cardiac Catheterization Lab. A balloon was inflated in his coronary artery, opening the blockage and restoring blood flow to 100%. James experienced an amazing, 61-minute door-to-procedure time. After five days in the Coronary Care Unit at Akron General, he was discharged and is doing well today.

This excellent patient outcome began with the team effort, quick thinking and outstanding clinical skills of the local responders. MedFlight is proud to have been a partner in this life-saving effort alongside Deersville EMS, Smith Ambulance, and the Washington Township, Tappan Lake and Bowerston Volunteer Fire Departments.

Congratulations to these agencies for winning the American College of Emergency Physicians 2008 Star of Life *Have a Heart Award*.