

Friday Night (under the) Lights...

Twenty twenty-three.

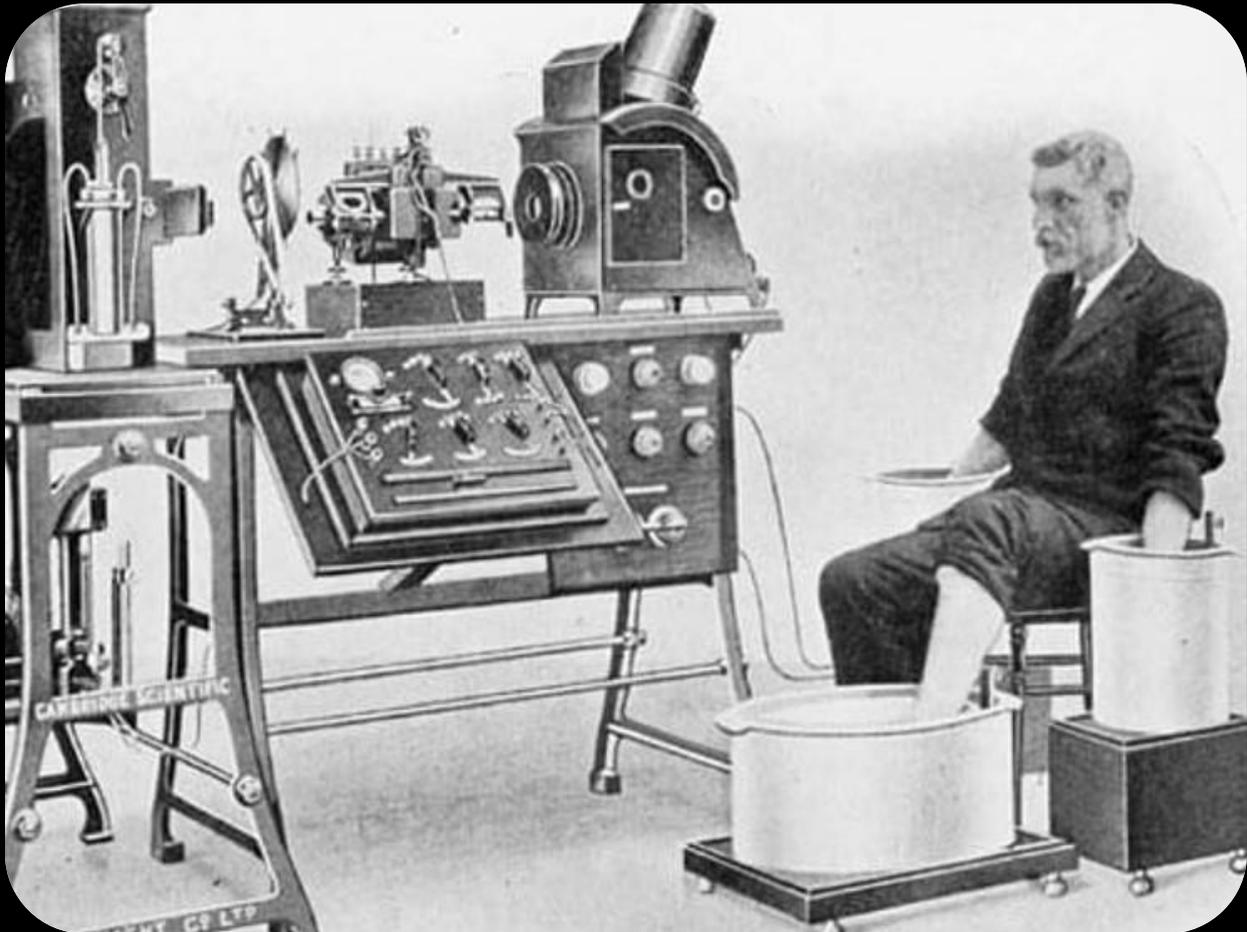
Happy Friday...

Hoping everyone is doing well this week. A little trivia tonight - I'm typing on my iPad – which is particularly relevant today on the 13th Anniversary of the unveiling of the iPad by Apple (at a price point of \$499). 13 years! That stupid clock keeps turning faster, doesn't it??

But it got me thinking about all of the “things” that change the way we manage our personal and professional lives. Some of you may remember these days?



Made me think about how fortunate we are to have researchers, engineers, human factors experts and innovators who passionately look for better ways to do the things we need to do. That “professional curiosity” is exhilarating. It makes our world better in so many different ways. Think about it – Are we grateful to those that facilitated a more “compact” ECG device?



“Sir, my partner just went out to the ambulance to get the EKG machine – We’re just going to take a little picture of your heart. Do you have a few buckets of water we could use?”

And thanks to the iPhone and the Android, we don’t have to buy the car antenna to impress our friends…

**Glass-mount
IMITATION CELLULAR
PHONE ANTENNA**

Looks EXACTLY like the real thing! Everyone will think you’ve installed an expensive new cellular phone in your car. They’ll be impressed, but only **YOU** will know the truth. Weather-resistant metal construction plus the swivel base help perpetuate the deception. Antenna installs easily, securely on



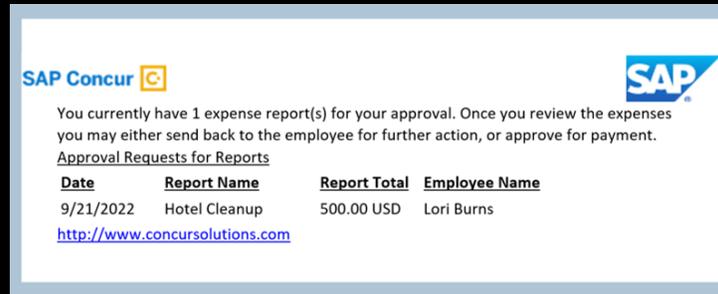
The iPad is a revolutionary product.

But today, on it’s 13th birthday, I’m reminded of how important it is for all of us to constantly look at making things better. Doesn’t have to be technology – It could be an approach to patient care or a better way to do something you do in your work world.

How fortunate we are that we have the ability to *change*.

▪ **A clarification from the Editor**

OK. For my own safety, longevity and wellbeing, I probably need to address the \$500.00 Room Cleaning expense I highlighted in the last FNuL that was submitted by our Chief Learning Officer. It was, by far, the most commented on part of the issue.



So, to set things straight:

- There was no indication of wild, crazy partying
- Lori is clearly one of the most organized individuals I know
- If it was a Meth Lab, she probably wouldn't submit an expense that could become Exhibit A
- She has no GI issues that I'm aware of...

Probably the best response came from our colleague Alan Craig:

"I think it's better to just pay Lori's \$500 hotel room clean-up charge... asking for details is asking for trouble, a rabbit hole which should be avoided at all costs.

As they say, "There's a story here..."; it's just that the less we know the better for everyone...."

Truth be told, an important part of every educational session that uses a classroom is to **clean the room** after the class.

Lori did just that. 😊

▪ **Lessons from my plumber**

As long as we're on a roll with the Plumber's theme, I did have an "opportunity" to spend some time with a Plumber a couple of weekends ago..

I'll set the stage...

Houses in Texas aren't exactly built with a focus on protecting water pipes from freezing. It would be like putting personal floatation devices in your car.

So, Texas (like just about everyone else in the country) experienced a substantial freeze two weeks ago. Remember, it's Texas. We close schools when you have to wear a sweater outside.

Long story short, turns out I had a rupture of a water line in the outside wall of the house. Like almost everyone else in my neighborhood, I called a plumber to assess the damage and fix the pipes...

Enter a young man named Marc. He came out, turned the water back on (he wanted to see my newly created indoor fountain) and quickly identified the problem and described the fix. He and his partner went to town, identified an opening in the wall and came to get me to show me what he found.

What on earth does this have to do with us, you ask?

What happened next was an aha moment for me...

So, remember, I called a plumber to fix a broken water pipe. He found it, knew what to do and could have jumped right in and fixed it.

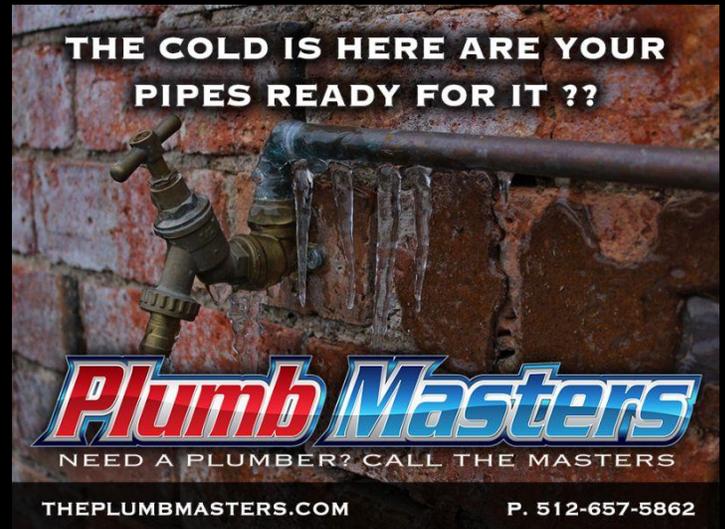
Much like we do with patients, right? Or customers. Or colleagues.

Identify the problem and make it better.

Marc did exactly that, but he did it in a way that changed my entire perception of his skill, attention to detail and his sincere desire to *make my problem better*.

Marc became an instant teacher. He showed me the pipe in the wall. He traced it from an outside faucet and described how a Freeze Proof Faucet worked, he showed me the connection between the faucet itself and talked about the importance of copper pipe distance from the faucet, he showed me that this particular pipe had been repaired before, probably from a previous freeze and he traced the pipe to the point of replacement.

He then walked me through a couple of minor changes he was making (slightly longer copper section) and showed me Pex piping. (cross linked polyethylene) and described why it was better (can expand much more than PVC and won't rupture) and why it was more resilient, and less expensive. He took me back to his truck and showed me the difference between Pex and standard PVC.



He proceeded to repair the pipe and faucet and asked if I had any more questions before he closed things up.

When he finished, he gave me a few “if I were you…” suggestions to prevent this from happening again. He also described an appropriate sequence to prepare the house for the next freeze, so they didn’t have to come back.

I have to tell you, my confidence in Marc, my impression of Plumb Masters and my satisfaction was dramatically impacted because *he took the time to teach me*. A plumber. And he charges by the visit, not the hour.

Which brings me back to us.

Think of everything you know. Everything you do. Everything you’ve learned by experience and training.

Do you think it would make a difference to our patients if, when we get ready to start an IV, we took one minute (condition dependent obviously) to describe what we’re doing and why?



“Sometimes people can have low blood pressure because they may be dehydrated, or dry – I can give you a saltwater solution in your vein to help bring your blood pressure up and help your dizziness.”

When we teach as we “do what we do”, whatever it may be, I think it changes that interaction dramatically. It sends a message that we know what we’re doing (confidence), that we care (I want you to know) and it allows the interaction to be a learning experience down the road.

For example – I will now disconnect my house from the faucet every winter (no comments). I’ll also insulate a small section of the newly installed Pex pipe in my wall.

And I now know what “Pex” is.

So, Marc reminded me of the importance of connection and the power (within all of us, btw) of teaching as we go.

Have to say, I’ve never had a better Plumber or a better plumbing experience.

(That sounds a bit odd as I re-read it) – You know what I mean.

- **New document describes risk factors for mass violence**

It's unfortunate that we even have to talk about stuff like this, but it's critically important that we understand the evolving climate of mass violence in the US.

The two recent Active Shooter events in California are a reminder that we, as public safety medicine, are on the frontlines of managing these events.

Two days ago, the Department of Homeland Security / United States Secret Service released a 70-page summary of 173 incidents of targeted violence in the US.

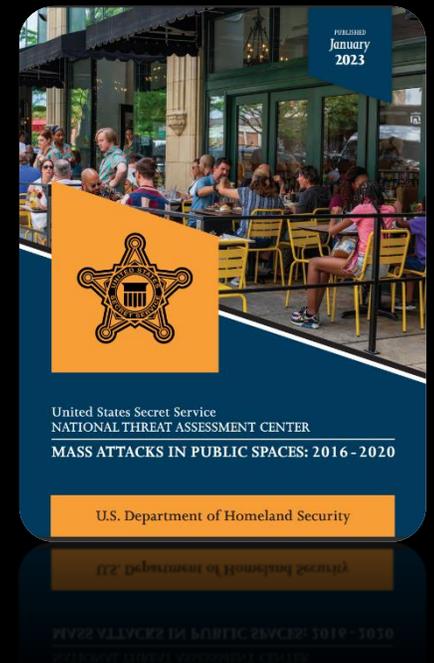
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It's a heavy read, but it describes key points and observations related to identifying and preventing these high-risk events.

The document identifies commonalities identified in the 173 studied events.

Among the report's key findings:

- Most of the attackers had exhibited behavior that elicited concern in family members, friends, neighbors, classmates, co-workers, and others, and in many cases, those individuals feared for the safety of themselves or others.
- Many attackers had a history of physically aggressive or intimidating behaviors, evidenced by prior violent criminal arrests/charges, domestic violence, or other acts of violence toward others.
- Half of the attackers were motivated by grievances, and were retaliating for perceived wrongs related to personal, domestic, or workplace issues.
- Most of the attackers used firearms, and many of those firearms were possessed illegally at the time of the attack.
- One-quarter of the attackers subscribed to a belief system involving conspiracies or hateful ideologies, including anti-government, anti-Semitic, and misogynistic views.
- Many attackers experienced stressful events across various life domains, including family/romantic relationships, personal issues, employment, and legal issues. In some of these cases, attackers experienced a specific triggering event prior to perpetrating the attack.



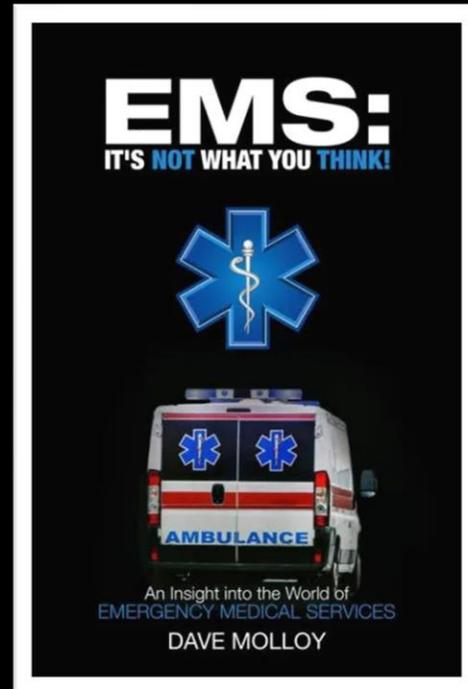
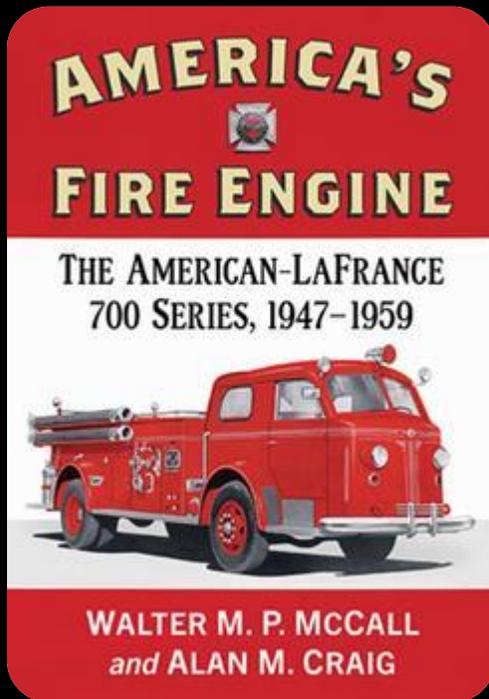
And, particularly important to us, over half of the attackers experienced mental health symptoms prior to or at the time of their attacks, including depression, psychotic symptoms, and suicidal thoughts.

It's hard to read stuff like this. But it's so important for us to understand and learn from past events. The report identifies relevant issues for all of us, whether you're on the front line directly involved in these events or use the knowledge for you, your family and friends.

We're better when we're smarter...

- **Did you know?**

A couple of our colleagues have published books related to our profession. In keeping with the theme of 'teaching along the way', hats off to Alan Craig (advice-giver noted above) and Dave Molloy...



I've read one and ordered the other... Pretty cool.

- **Speaking of teaching and learning...**

It's been wonderful to watch the progressive improvement in Damar Hamlin after his on-field cardiac arrest several weeks ago. It's a very public demonstration of the power of CPR and rapid defibrillation... The power of a well choreographed resuscitation effort.

If you're reading this, chances are good that you spend a portion of your professional life working to increase survival from cardiac arrest. Whether you are a clinician, educator, researcher, survivor, administrator – career or volunteer – government or private – work in a hospital, a lab, an ambulance a cath lab or community center...

This meeting is a gathering of folks that want to look at our current status quo and share successful strategies (or approaches to challenge) to improve survival.

So – I have a challenge for you. Frankly, it's an ask from those eager to learn more and evolve their efforts to maximize the number of success stories for individuals suffering cardiac arrest.

I'm working with an extraordinarily talented group of clinicians, educators and scientists to take a focused look at where we are today – what makes a difference, what needs to be improved, and how to we replicate successes from one community to another and address challenges in those areas that are difficult to manage...

So - You may be exactly the person, or group of you, we need to share your expertise on the art and science of making a difference The status quo is not acceptable. We know what is possible. We've seen examples from communities around the world where SCA save rates exceed 50% and more. The world watched as a young NFL athlete collapsed on the football field and weeks later, returned to watch his colleagues play another game.

Yet national survival averages still hover around 10% for the last several decades.

We can absolutely do better – And you just may have the story, the discussion, the experience, the data or the approaches to help us all.

Please consider our Call for Proposals for the Cardiac Arrest Survival Summit...

Submit your presentation for consideration by going to www.citencpr.org/summit2023.

Did I mention it's in beautiful sunny San Diego? Did I mention all the big names in resuscitation art and science will be there?



- Epilogue...

In a very tragic and unfortunate occupational accident, a man tripped and fell into a commercial circular saw and had the whole left side of his body severed.

Fortunately, he's all right now...

So, that's it from my World. Happy Friday.

If you live anywhere cold, make sure you disconnect those hoses. It'll save you in the long run (just want to prove to you that I am teachable...)

I appreciate what you do and how you do it... Thanks for taking time out to drop in to FNuL tonight...

Ed

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