

## Certified Comprehensive Stroke Center



Mercyhealth's Javon Bea Hospital and Physician Clinic–Riverside has received certification as a Comprehensive Stroke Center, which is the highest level stroke certification achievable in the health care industry. The prestigious designation reflects the highest level of competence for treatment of patients who have experienced a serious stroke.

According to the American Heart Association/American Stroke Association, stroke is the number five cause of death and a leading cause of adult disability in the United States. On average, someone in the US suffers a stroke every 40 seconds and nearly 795,000 people suffer a new or recurrent stroke each year. "This designation is one more example of how Mercyhealth continues to raise the bar for the health and well-being of our communities," said Javon R. Bea, President/CEO of Mercyhealth.



A quarterly newsletter for REACT staff and friends

# REACT Newsletter

Fall/Winter 2019



## Anti-Bullying in Schools with a Need for Suicide Prevention



By Rachael Wilson, BSN, CFRN, PHRN  
REACT Flight Nurse

Bullying can threaten students' physical and emotional safety at school and can negatively impact their ability to learn. The best way to address bullying is to stop it before it starts. Parents, school staff, and other adults in the community can help kids prevent bullying by talking about it, building a safe school environment, and creating a community-wide bullying prevention strategy.

When adults respond quickly and consistently to bullying behavior, they send the message that it is not acceptable. Research shows this can stop bullying behavior over time. There are simple steps adults can take to stop bullying on the spot and keep kids safe.

### Do:

- Intervene immediately. It is ok to get another adult to help.
- Separate the kids involved.
- Make sure everyone is safe.
- Meet any immediate medical or mental health needs.
- Stay calm. Reassure the kids involved, including bystanders.
- Model respectful behavior when you intervene.

### Avoid these common mistakes:

- Don't ignore it. Don't think kids can work it out without adult help.
- Don't immediately try to sort out the facts.
- Don't force other kids to say publicly what they saw.
- Don't question the children involved in front of other kids.
- Don't talk to the kids involved together, only separately.
- Don't make the kids involved apologize or patch up relations on the spot.

### Get police help or medical attention immediately if:

- A weapon is involved.
- There are threats of serious physical injury.
- There are threats of hate-motivated violence, such as racism or homophobia.
- There is serious bodily harm.
- There is sexual abuse.
- Anyone is accused of an illegal act, such as robbery or extortion—using force to get money, property, or services.

All kids involved in bullying—whether they are bullied, bully others, or see bullying—can be affected. It's important to support all kids involved to make sure the bullying doesn't continue and effects can be minimized.

Pain isn't always obvious, but most suicidal people show some signs that they are thinking about suicide. The signs may appear in conversations, through their actions, or in social media posts. If you observe one or more of these warning signs, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change, step in or speak up.

(Continued on page 7)





## Back to School Safety



By Mike Stefko, NRP, FP-C  
REACT Flight Paramedic

We should always be thinking about school routine. As this may be just another year for many, some people may just be entering the sometimes-hectic school schedule.

Whether you and your family are seasoned veterans or just starting out, it is good to start or revisit some safety practices for this school year.

No matter if your children take the bus, walk or they are dropped off via private vehicle, all of our schedules will intersect at some point throughout the day, if not multiple times. Taking simple steps with good communication can drastically decrease the chances of accidents.

### Pedestrian Traffic

At every school, many students still walk to school. Make sure your child is ready for this journey. Oftentimes, it is good to walk with them to school the first few times so they can get a lay of the land. Children usually aren't ready to start walking to school without an adult until about fifth grade, or around age 10. Younger children are more impulsive and less cautious around traffic. They often don't fully understand other potential dangers they could come across.

Consider starting a walking school bus by inviting families in your neighborhood to walk children to school as a group. Adults can take turns walking with the group to make sure each child knows the adults in their walking group.

### Points and tips for walking to school:

- Have a pre-established safe route to and from school.
- Have children walk with a friend, group or other adult.
- Always walk on the sidewalk. If no sidewalk is present, walk on opposing traffic side.
- Make sure children know how to say "no" if someone they don't know offers a ride, and that they yell and run for help if needed.
- Have a pre-established list of people who may pick your children up from school and a safe word that only you and your child will know to ensure they can trust them.
- Phones/games down, heads up. Eliminate distractions while walking.

### School Bus Safety

About 25 million elementary and secondary school children ride school buses each day. School buses are one of the safest options for transport to and from school, however, accidents can happen. According to research by the National Safety Council, most children who lose their lives in bus-related incidents are 4 to 7 years old, and they're walking. They are hit by the bus, or by a motorist illegally passing a stopped bus. In 2017 alone, there were 12,000 reported injuries and 95 associated deaths from incidents with school buses.

# You're invited!

## Neuro Night Out

Sponsored by Medtronic

Mercyhealth's Comprehensive Stroke Center team, REACT, and Medtronic are hosting an EMS Appreciation and Stroke Education Dinner.



Thursday, October 24  
6-9 pm

**Oak Lane of Oregon**  
3261 S. Daysville Rd.  
Oregon, IL 61061

Please RSVP to Staci Todd by emailing [stodd@mhemail.org](mailto:stodd@mhemail.org).



## Anti-Bullying in Schools with a Need for Suicide Prevention

(Continued from page 1)

These are signs to watch for: reckless behavior, putting affairs in order, changes in sleep, increased alcohol or drug use, giving away possessions, talking about wanting to die or suicide, anxiety or agitation, feeling hopeless or desperate, uncontrolled anger, no sense of purpose, withdrawal, sudden mood changes, talking about being a burden to others.

If any of these signs are present, call the **National Suicide Prevention Lifeline at (800) 273-8255**:

- Talking about death or suicide
- Seeking methods for self-harm, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live



Teen suicide is a growing health concern. It is the second-leading cause of death for young people ages 15 to 24, surpassed only by accidents, according to the US Centers for Disease Control and Prevention.

### References:

[www.suicideispreventable.org](http://www.suicideispreventable.org)

[www.stopbullying.gov](http://www.stopbullying.gov)

Center for Disease Control

Suicide Fact Sheet (<http://www.cdc.gov/ncipc/factsheets/suifacts.htm>)

Rachelle Wilson, RN, BSN, CFRN, PHRN, has 22 years as a nurse with 20 years in emergency medicine and trauma, as well as adult and pediatric nursing. She has been a flight nurse for the past two years.



## Patient Advocacy



By David Uyl

Air Methods/REACT Account Executive

When a person requires air medical transportation, it is often one of the worst days of their lives. Numerous medical bills can quickly pile up on top of each other.

The last thing that a patient and their family needs to deal with is a complicated and lengthy billing process. This is why Air Methods has developed their Patient Advocacy Program. Air Methods partners with Mercyhealth to provide the REACT helicopter program to the Rockford and surrounding communities. The Patient Advocacy Program is comprised of a dedicated group of professionals that will truly be there for a patient and their family every step of the way. Through the entire process, the patient advocate will do everything possible to relieve the stress on patients and their families. The mission of the program is to work with each patient individually to resolve each account as quickly as possible.

Dealing with insurance companies can often become a complicated and confusing process. Air Methods patient advocates are there to help patients navigate the entire process from beginning to end. Working as compassionate educators, patient advocates maximize recuperation of claims as quickly as possible, creating a win-win scenario for everyone. No matter what type of insurance a person has (private insurance, Medicare/Medicaid, no insurance, etc.), patient advocates will provide guidance to all patients who have used REACT's air medical services. Financial assistance programs are available to those who qualify.

The patient advocacy team offers a patient a number of resources. From the initial phone call to providing a patient with numerous resources, patient advocates have intimate knowledge of how the process works. Patient correspondence is easy to understand, informative and empathetic. Critical information is now consistently presented in the same location and a claim process timeline is provided to help minimize confusion. Having an Air Methods patient advocate to take the lead on the administrative end allows the patient and their family to focus on what's most important: recovery.

The following is just one example of how patient advocates assist patients across the country every day. While no one ever expects they will need air medical services, Air Methods will make sure that patients will never be left alone.

It was just another ordinary day when 12-year old PJ Woolley was on his way to school; except this day became anything but ordinary. Within an hour, PJ was vomiting and dizzy. He had a fever and was displaying signs of a severe medical situation.

Once at urgent care, it was discovered that PJ's blood glucose levels were extremely high. But what PJ's family didn't know yet, was that he had diabetes and he needed very specific help that he could only get at Rady Children's Hospital in San Diego. Although the family was nervous, their fears were quickly put at ease when a special team arrived to transport PJ.

PJ's "angels in the sky," as his mom likes to call them, included Jeff Emery, Air Methods pilot; Michelle Gaan, Rady pediatric nurse; and Tara McNulty, Rady registered respiratory therapist (RRT). Fortunately, PJ was back to himself in no time and feeling good enough to eat within 24 hours. But the Woolleys still had a new illness to deal with, and on top of that, medical bills to pay.

Once the Woolleys received their bill, they called the Patient Business Office and were supported by Carmen Medina, one of our patient financial counselors. She wanted to make sure the situation was dealt with as painless as possible. Carmen helped the family navigate through the post-flight process, leaving them grateful to spend their time on more important things—focusing on PJ's recovery.

David is currently the account executive for REACT. He has spent the majority of his career in the healthcare industry. He resides in Plainfield with his wife and two sons.



Here are some simple tips to help keep everyone safe this school year:

- Make it a practice to show and remind your children the proper way to get on and off the bus by going to the bus stop with them.
- While on the sidewalk, stay at least six feet away from the curb or three large steps to help aid the driver in seeing you when approaching.
- Before crossing the street near a bus, be at least 10 feet in front or behind the bus to help avoid crossing in the blind spot of the driver.
- If possible, make eye contact with the driver before approaching or crossing.
- Listen to the bus driver and remain seated to avoid distractions.

### Private Vehicles

A study conducted by the Centers for Disease Control and Prevention reveals that the most common form of travel to school for students age five to 14 is the family car. This puts a lot of extra vehicles on the road in oftentimes a small area. It is easy to become complacent with things that we do day in and day out, like going for a drive in our car. However, even seasoned drivers can pose a risk on the road. Whether you're a teenager driving to school or in charge of the neighborhood car pool, it is necessary that we are prepared for the task at hand. With school now back in session, we are now going to be over-stimulated with the increased congestion of the morning commute, along with all the other distractions that life throws at us.

- Plan your route before leaving.
- Watch for and obey crossing guards.
- Don't block the crosswalk when stopped at a red light or waiting to make a turn, forcing pedestrians to go around you. This could put them in the path of moving traffic.
- Don't double park. It blocks visibility for other children and vehicles.

- If possible, carpool to reduce the number of vehicles at the school.
- Be alert! Children often are unpredictable, and they tend to ignore hazards and take risks.
- Check side mirrors before opening your door.
- Put the phone down. Eliminate distractions.
- NEVER under any circumstances pass a school bus that is loading or unloading children.

There are many more ways to help your children and yourself to stay safe, but using clear collaboration between parents, educators and students is essential. Improving school safety is a never-ending job. However, there are things that can and should be done to improve it today.

### References

2019 National Safety Council, <https://www.nsc.org/home-safety/seasonal-safety/back-to-school/drivers>

Injury data for 2016 are NSC tabulations of the NHTSA Crash Report Sampling System. School bus transportation data accessed Oct. 12, 2018, from American School Bus Councils.

NSC tabulations of NHTSA FARS data and National Center for Statistics and Analysis. (2018, March-Revised). Pedestrians: 2016 data. (Traffic Safety Facts. Report No. DOT HS 812 493).

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Centers for Disease Control and Prevention. WISQARS (Web-based Injury Statistics Query and Reporting System). Atlanta, GA: US Department of Health and Human Services, CDC; 2015. Available at <http://www.cdc.gov/injury/wisqars>. Accessed 16 April 2018

Mike Stefko, Critical Care Flight Paramedic AAS, NRP, FP-C, CCP has been an EMT since 2006 and a Paramedic since 2008. In 2013 Mike began his career as a Flight Paramedic.



## Shift in Concussion Protocols



By Kristi Lohmar, RN, BSN, CFRN  
REACT Chief Flight Nurse

The school year of 2019-2020 has begun and, we as parents are excited to see our children grow in their knowledge and their involvement with sports during this time of learning. We hope our children remain safe both in the classroom as well as during their extracurricular activities.

One sports injury that schools have most recently had a heightened focus on is concussion. This injury is notoriously difficult to identify because symptoms may occur whether or not a loss of consciousness is experienced, plus indications of an injury can vary greatly between individuals. Additionally, there often is no physical sign of injury. Instead, the signs are demonstrated in a laundry list of possible symptoms including dizziness, impaired vision, nausea, an increase in feelings of anxiety, and a host of other indications. Individuals who may have experienced a concussion may exhibit a change in brain functioning and should be carefully monitored and assessed.

The American Academy of Neurology published that, "Each year, 1.6 to 3.8 million concussions result from sports/recreation injuries in the United States. Sports concussions can affect athletes of any age, gender, type or level of sport played. While most concussions result in full recovery, some can lead to more severe injuries if not identified early and treated properly."

A concussion can be caused by not only a strike to the head, but also by any event that causes the brain to bounce around or twist inside the skull. When something like this occurs, it is not only important to recognize and know how to treat the concussion symptoms but also to admit when an incident has occurred.

In 2014, the NCAA launched a concussion study that revealed that not only children, but parents too, may not want to admit when an injury has occurred for fear of removing the participant from the sport for a prolonged period of time. As stated on NCAA's official site, "The immediate goal is to identify a novel, multi-media approach to educating student-athletes, coaches and other influencers about the risks of concussion and the need to report brain injuries in themselves and others."

As time has progressed, parents have seen a dramatic increase in discussions regarding the topic of concussions with all physical sports. States across the country have comprised concussion programs that schools are required to follow. Students and parents are provided education about concussions and the protocols set in place following an injury prior to their participation in all sporting events. Students must agree to this program when signing up for a sport. This action has not only educated parents and students, but also emphasized the importance of reporting a concussion.

As we continue to develop a better understanding and awareness of concussions, there also has been more research to help create a more appropriate treatment plan for concussion symptoms. In 2010, the American Academy of Pediatrics' (AAP) previous practice to treat a concussion had advised a robust focus on rest with limited amounts of activity to include no use of electronics. Lizette Borrelli, in an article published in the Brain and Life Neurology News in November 2018, shared that research supports a shift from the recommendation of rest and with no electronics. Deviating from previous practices of prohibiting the use of electronics, research now supports limited use of devices while continuing to limit physical and cognitive activity.

Contrary to previous practices, students should be encouraged to work with educators to adjust academic requirements through reduced workloads and curbing exposure to environmental triggers such as noisy settings and subjection to bright lights and screens. Borrelli does caution that, "Athletes with sensitivity to light or who can't shift their eyes to read or track words are encouraged to limit their overall screen time and to adjust brightness levels or increase font sizes to keep symptoms from worsening."

With these new discoveries, recommendations for treating a concussion are also shifting. Previous treatment conventions firmly placed a limitation for athletes that after experiencing a third concussion, they would be unable to continue to participate. Contrary to this, Dr. Jeff Kutcher, a global director of a sports neurology clinic who specializes in the diagnosis and management of concussion, post-concussion syndrome and neurological conditions in athletes, believes in a multidis-



ciplinary treatment concept. Using this approach, clinicians would construct a treatment plan that acknowledges not only the context of the symptoms but also diagnosis, management, and both short-term and long-term impacts of the health and safety of athletes through collaboration of members of a treatment team. In a recent appearance on US Podcast Concussion Corner, Dr. Kutcher recommended the need to look at the vestibular system (balance and spatial orientation), ocular motor systems (movement and focus of the eyes), and the upper cervical spine. These are just a few key items that need to be considered as these systems are very important to functioning and recovery. Assessing these systems begins to dive into the complexity found with brain function.

To create a functioning recovery plan addressing these key systems, Dr. Kutcher suggests not only consulting a sports neurologist, but also a neuropsychologist and a physical therapist who specialize in concussion management. By incorporating multiple cross-categorical clinicians in the treatment plan, parents and athletes will be fully supported throughout the recovery process.

It is important for parents to take the time to talk with their child's athletic department and their athlete to discuss their school's concussion program and protocols. If the athlete experiences an incident that may have caused a concussion, remember the power of encouraging the student to acknowledge and report their symptoms openly. If possible concussion symptoms are present, parents may want to take into consideration Dr. Kutcher's concept. This process could create an individual plan of care that will focus on a multidisciplinary treatment plan that will get the athlete back to the sport they enjoy.

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Kristi Lohmar, has 22 years of nursing experience of which 15 years have been flying with the REACT team and REACT's Chief Flight Nurse

**Do you have a topic you would like to see in the newsletter or want REACT to present at your department/facility? Please contact Lois Hinton, RN, CFRN, (lhinton@mhemail.org) or Dave Uyl (David.uyl@airmethods.com) with your idea or request.**