Albany Med’s Emergency Department Welcomes New Physicians

You may have noticed some new faces at Albany Med’s emergency department recently. David French, M.D., Beth Cadigan, M.D., and John Burton, M.D., have each joined the department’s staff.

“We are delighted to welcome three distinguished and dedicated physicians to our team,” said Mara McErlean, M.D., chair of emergency medicine at Albany Medical Center. “As their experience shows, Drs. French, Burton and Cadigan not only care for the patients they treat at the bedside, but they bring their expertise and compassion into the communities they serve. We are fortunate to have them here.”

Prior to joining Albany Med, Dr. French served as an emergency room attending physician at the Carolinas Medical Center and as a staff physician for the MedCenter Air Flight Crew and the MED-1 mobile emergency department. Dr. French was also a stadium physician for the Carolina Panthers National Football League Team.

Extensively trained in emergency medical services (EMS), Dr. French previously served as assistant medical director for numerous EMS agencies in North Carolina, as well as an emergency medical technician and paramedic instructor. He completed an EMS fellowship and emergency medicine residency at Carolinas Medical Center, and received his medical degree from the University of North Carolina School of Medicine.

Dr. Cadigan comes from MetroHealth Medical Center in Cleveland, OH, where she also completed an ultrasound fellowship in emergency medicine. She received her medical degree and emergency medicine residency training from the University of Massachusetts Medical School in Worcester, MA. Dr. Cadigan later served as a flight physician for UMass Memorial Lifeflight and as an instructor of wilderness medicine and as a wilderness EMT at UMass.

Dr. Burton will serve as director of the emergency medicine residency at the Albany Medical College. He previously served as research director and EMS director at Maine Medical Center, and prior to that, held appointments at the University of Vermont and the University of New England. He received his medical degree from the University of North Carolina-Chapel Hill and completed a residency in emergency medicine at the University of Pittsburgh.
Ryan White Act is Designed to Protect You

The Ryan White Comprehensive AIDS Resources Emergency Act of 1990 is designed to protect you in the event of exposure to infectious diseases while attending, treating, assisting or transporting a victim. The law provides for you to be notified following a documented exposure to any of the following diseases:

- Infectious pulmonary tuberculosis
- Hepatitis B
- HIV, including AIDS
- Diphtheria
- Hemorrhagic fevers
- Meningococcal disease
- Plague
- Rabies

If you believe that you have been exposed to any of these diseases as a result of your work with a victim, you should immediately request an investigation of the suspected exposure. Your employer is required to have an officer designated for such requests. Your identity as the EMT who may have been exposed is kept confidential. The receiving medical facility must have in place procedures for responding to written requests from designated officers regarding exposure to the diseases covered under the Act.

The designated officer must provide specific information in writing about how the exposure occurred (such as “blood splashed in the EMT’s eye when no eye protection was worn”) and prepare a written request that is sent to the receiving facility. To protect patient confidentiality, the report should not include the identity of the patient. The receiving facility will then contact the designated officer as part of the investigation and will review the medical record of the patient. The receiving facility is required to respond in writing to the requesting officer within 48 hours. The response will address whether or not your case met exposure criteria and, if known, the presence or absence of the disease in question.

Study Reveals Safety of Selective Patient Spine Immobilization Protocol

Twenty-five years ago, the accepted wisdom was: immobilize the spine of any trauma patient you are going to transport. Nobody wanted to transport an unstable spinal injury without immobilization and possibly making the injury worse.

The problem is that immobilization is not a completely benign process. It causes pain, anxiety, and discomfort. As the immobilization time stretches out, the patient begins to develop areas of tenderness in the spine, making them believe that they have an injury. This results in unnecessary tests and X-rays.

Further, the statistics argue that unstable spinal injuries are extremely rare. Only one percent to four percent of trauma patients have spinal fractures, and, of those, only about nine percent are unstable. In other words, only 90 out of 100,000 trauma patients would have unstable spine fractures.

In 2002, the state of Maine began experimenting with a four-step protocol to determine if immobilization of a trauma patient is necessary. For a year, EMS personnel used this protocol to evaluate patients and decide to immobilize or not.

An article in the July 2006 issue of the Journal of Trauma by John Burton, M.D., professor of emergency medicine at Albany Med, resident Matthew Dunn, M.D., and others reveals that the protocol worked very well. The article, titled “A Statewide Prehospital Emergency Medical Service Selective Patient Spine Immobilization Protocol” states that only one case out of over 32,000 was a patient transported with an unstable spine fracture. Because of the protocol, EMS personnel were able to avoid unnecessarily immobilizing more than half of the trauma patients. The protocol has now been adopted as the statewide standard in Maine, and most recently, a version of the work was adopted in New York State.

For a copy of the paper, contact Dr. Burton at (518) 262-3773.
Albany Med Website Undergoes Changes
Stay Tuned for Podcasts

www.amc.edu has been totally redesigned and updated with a fresh new look. The exciting yearlong effort was unveiled on July 6.

The emergency medicine outreach pages can still be found by logging onto www.amc.edu/ems. There, you can find information about upcoming lectures, or access past lectures through the Adirondack Area Network’s videoconferencing archives. You will also find past issues of the EMS outreach newsletter and other links of interest.

Podcasts
In the near future, you will have an opportunity to access podcasts of lectures and trauma conferences from the Adirondack Area Network’s videoconferencing archives at www.amc.edu/ems.

The availability of podcasts will increase and improve the accessibility of Albany Med’s educational opportunities, says Art Breault, EMS outreach coordinator at Albany Med.

“Podcasts will afford providers the opportunity to download our archived lectures and conferences to their iPods and listen to them when and where it’s most convenient,” says Breault. “We are most appreciative to the Adirondack Area Network for making this possible, and to Dr. Henry Pohl for supporting our educational efforts through AAN. Without them, none of this would be possible.”

More information on podcasting will be provided as it becomes available.

Department of Health Updates

- In August 2006, DOH written exams started testing the new CPR Guidelines 2005.
- Wondering about the background of an EMT in your service? The DOH now has a section that posts disciplinary actions dating back to January 2003. Link to www.health.state.ny.us/nysdoh/ems/sanctions.htm to see the listing.

New REMO Communication System

Effective immediately, ALL requests for medical control should be made by calling a single telephone number: 690-2940.

Your call will be answered by an automated attendant. Then you can type in the 4-digit code that will connect you with any of the hospital emergency departments in our region. For example, the code for Albany Medical Center’s Emergency Department is 6018. All phone calls placed through the 690-2940 number will be permanently recorded in their entirety. This protects both the physician and the EMT or advanced EMT.

Please remember:
- All requests for medical control should be made through 690-2940.
- No EMS provider should call a hospital ED directly.
- Advanced EMT’s must continue to call REMAC at the conclusion of any ALS call to obtain a REMAC run number and to report any required information.
- The existing UHF ALS radio system will remain in service to provide backup to the new telephone communications system or to provide communication in any area where the UHF radio coverage is superior to cellular coverage.

The technology is provided by Altigen Phone Systems and was installed by Grace Comm of Clifton Park.
Upcoming Events

November 2 | 7pm
Meet the Stroke Team
Alan Boulos, MD, and Dileep Yavagal, MD

November 14 | 7pm
Diabetic Ketoacidosis
Irene Sills, MD

November 14 | 8pm
Refused Medical Attention
Benjamin Katz, MD

November 15 | 7pm
Geriatric – End of Life Care
Andrew Johnson, EMT-P

November 15 | 8pm
AICD’s and Pacemakers
Ryan Ngiam, MD

December 12 | 7pm
Alzheimer’s Disease
Alzheimer’s Association

December 12 | 8pm
Patient Assessment and Lung Sounds
Michael Ciccarelli, MD

December 20 | 7pm
Pediatric Airways
David French, MD

December 20 | 8pm
Conscious Sedation
Antoinette Eng, MD

January 9 | 7pm
Obesity, Bariatric Challenges
Chad Lewis, MD

January 17 | 7pm
Abdominal Trauma
Nestor Nestor, MD

All lectures will take place in Albany Medical College’s MS-169 unless otherwise stated. Lectures will be available for viewing through the Adirondack Area Network (www.aanet.org/ems/ems1.html), which permits live, two-way video conferencing between Albany Med and one of several area teleconference sites around the region. Webcast with online chat capabilities will also be broadcast live. All conferences are archived online at AAN with links to a post-conference test site. An 80% correct score will then create a certificate of completion for your records.

For more information on these or other events, call (518) 262-8559.