

PVCH responders face disasters in Alabama training setting

By **MIKE GILMORE**
News Director,
Hi, Neighbor!
Newspapers

Four emergency responders from Pawnee Valley Community Hospital left for a week-long training session in mid-March thinking that they had the skills to handle any disaster that came along.

After a week in Alabama, they knew they could.

In between, well...
“It was really a test of confidence,” said PVCH Cardiopulmonary Director Kathy Weaver. “We knew we could rely on our skills going in. But the way the training worked, they didn’t expect us to do well. We were set up to fail. They just threw things at us, one thing after another. We’d be working with a bomb threat or an active shooter scenario, and they’d throw in a helicopter crash.”

Weaver; Debbie Tomlinson, APRN; Autumn Millan, RN; and Orley Morgan, Facilities Services Director at PVCH attended a week-long Homeland Security train-

ing seminar hosted by FEMA and the Center for Domestic Preparedness in Anniston, Ala. from March 13-19. While the Center offers training sessions each year, it was the first time that PVCH representatives traveled to Alabama.

PVCH is a member of the South Central Kansas Healthcare Coalition, one of seven regional hospital groups dedicated to emergency preparedness as part of the Kansas Preparedness program.

“We had a large group from our region participate, which was also a huge asset as it allowed us to work together to see the end result,” Weaver explained. “We need to depend on each other in a real disaster, so working together allowed us to network and discuss opportunities we found through our coalition that we have in South Central Kansas.”

“Our coalition meets monthly in Wichita, but this is the first time PVCH has participated in such a large scale in Anniston,” Weaver said. “Emergency management coalition partners are invited yearly and we felt it would be beneficial to send a team this year.”



DISASTER PREPAREDNESS – Four Pawnee Valley Community Hospital employees spent a week in Alabama in March, for training in disaster preparedness. While dealing with bomb threats and active shooter scenarios, the PVCH quartet practiced victim triage as well as regular care of patients in a facility disaster setting. (courtesy photo)

“We gained a lot of knowledge and plan to share with our local partners, so we will be better prepared as a community for different types of disasters.”

At the seminar, each responder had a job to do, depending on skill set. Tomlinson joined the other gathered medical providers; Millan went with the nurses; Morgan handled threats to building infrastructure and Weaver was tasked with incident

command.

Together, the staff members received specific training in healthcare leadership and personal protective measures for biological events.

One two-day, live-action exercise tested the ability to operate under unified command and Hospital Incident Command System. Scenarios over the two days included terrorist attacks, factory explosions, hazardous chemical release and setting up triage

and decontamination stations for mass casualties along with a temporary morgue. There were bomb threats, an active shooter scenario, helicopter crash and loss of electrical and water systems.

The emergency scenarios were presented as participants were expected to provide uninterrupted, continuous care for hospital inpatients, as well as carry out everyday routine duties.

“The course is designed to prepare leaders in the ability to make critical decisions in a disaster, whether it occurs, accidentally, intentionally, or naturally,” Weaver said. “It trained us to look for whomever our key partners would be in a disaster situation and align to work with them. The experience allowed us an opportunity to address realistic decisions regarding an all-hazards disaster in a facility-based exercise.” Participants were issued actual personal protective gear (PPG) to wear and actors and robotic manikins added to the realism. Monitoring technology also included a simulated bird’s-eye video view from 30,000 feet, to get the feel of the total pic-

ture.

The CDP in Anniston offers more than 40 training courses annually, ranging from incident management, mass casualty response, to catastrophic natural disaster or act of terrorism. Resident training at the CDP includes healthcare and public health courses at the Noble Training Facility as the nation’s only hospital dedicated to training healthcare professionals in disaster preparedness and response.

“We felt we not only could accomplish the task in front of us, but also, through the 30,000-foot view, we were able to get a better understanding of all roles interacting that could involve an entire community,” said Morgan. “It also includes maintaining accurate expense records, procurement of needed equipment and supplies, issuing press releases and setting up staff rotations.”

“Our staff that participated in the week-long course took away valuable knowledge; we feel it would only help our hospital and community in the event such an occurrence happened in our own backyard.”

Meeting

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building a community-funded local hospital; and how the hospital might operate without its present license to name a few.

Larned and Pawnee County leaders will continue its fight to keep St. Joseph Memorial Hospital from closing. The next main event will be a Candle Light and Vigil on July 12h at Moffet Stadium starting at 9 p.m.

More Town Hall meetings are planned. The Tiller and Toiler will announce the times and locations when we receive notification of the events.

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“We went with five years because there was a concern that we didn’t want to get locked in with (Hays Medical Center) like we’d been with CKMC,” Atteberry said. “But I think we’ll be dealing with them for a lot more than five years. They’re good, very professional.”

PVCH enhances local emergency services

Pawnee Valley Community Hospital is proud to announce the addition of Avera eEmergency services in Larned and the surrounding area.

Pawnee Valley Community Hospital provides emergency services to thousands of patients in the community each year. Open 24/7, the ER is equipped to handle any patient that comes through the door.

In more critical cases, however, the old adage “two heads are better than one” can often be true. PVCH’s new eEmergency service provides that extra support to PVCH clinicians

when needed.

At the push of a button, local physicians and emergency room staff are instantly connected in virtual access to a team of physicians and nurses who specialize in emergency medicine.

Through high-definition videoconferencing, local clinicians receive support for complex emergency cases such as heart attack, stroke, respiratory distress or traumatic injury. The eEmergency team can virtually double the number of clinicians in the room for all-hands-on-deck scenarios.

“With really critical

cases, we need to do a lot of things at the same time, while also stepping back to assess the big picture of what’s going on with the patient,” said Kendra Barker, PVCH Nursing Services Director. “The eEmergency system can provide support by making transfer arrangements or completing paperwork so we can state at the patient’s side. Avera’s experienced emergency physician can also help us think through a case and talk through what the next steps could be.”

The eEmergency service is used for situations like multi-victim

car accidents; quick baby deliveries; snake-bite and hypothermia - cases that most emergency rooms see rarely in the course of operations. In these kinds of cases, the eEmergency team can help arrange for a transfer, order a helicopter and contact the receiving hospital if needed. This saves precious time in cases where every minute counts.

“The eEmergency connection gives us the ability to extend and enhance the level of healthcare in our

community,” said John Hughes, PVCH administrator. “It gives us access to the same type of specialists available in larger hospitals, enabling us to deliver better care, right here in our community and keep patients here whenever possible.”

Other communities utilizing eEmergency have reported a reduction of transfers. “In about 25 percent of the cases we see, we can avoid a transfer,” reported Jay Weems, vice-president of eCARE Operations.

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