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Cover image: Justin Darnell, Joe Marrow and Mike Terranova of the Lake St. Louis Fire Department with John Smith at Lake Sainte Louise. John was pulled from the lake in 2015 by first responders after drowning.
This issue of **EMERGENCY PERSPECTIVES** is dedicated to those who devote their lives to the health and wellbeing of our community. In the last few months, some of our most dedicated first responders have been killed or critically injured in the line of duty. We offer our sincerest condolences to their families, friends and colleagues, and we’ll be forever grateful for their dedication and service. Please join us in honoring the following first responders – some active duty and some retired – who recently passed away or were killed in the line of duty:

- **Officer Michael Langsdorf – Police Officer, North County Cooperative** - Officer Michael Langsdorf, 40, was tragically gunned down while responding to a bad check call at a Wellston market on June 23, 2019. He had been with the North County Cooperative Department for three months after spending 17 years with the St. Louis Metropolitan Police Department.

  “Mike was an outstanding officer,” said North County Cooperative Police Chief John Buchannan. “In his short time with our department, he was taking our young officers under his wings and was mentoring and guiding them. When we first met he said to me several times, ‘All I wanted to do was be a police officer and do police work.’”

  Surveillance video inside the store captured the encounter and shooting. A suspect with an extensive arrest record for drug abuse has been arrested and was charged with Officer Langsdorf’s murder.

  Officer Langsdorf leaves behind a fiancée along with his teenage son and daughter.

- **Christopher R. Moore – Firefighter/Paramedic, Maryland Heights Fire Department** - An 18-year veteran of the Maryland Heights Fire Protection District, Firefighter/Paramedic Chris Moore, 42, died June 8, 2019, at his home in Eureka, just hours after his shift ended. Moore had responded to several fire and EMS calls during a 48-hour shift on Thursday and Friday. He complained of not feeling well in the late morning Friday and was relieved of duty to go home and rest. Unfortunately, he was found deceased at his home on Saturday morning.

  “Chris was an instinctive firefighter,” said retired Eureka Fire Captain David Liebenguth. “I’d follow this kid to Hell itself if he said we could do it. He was always excited to be in the engine house on the engine company all the time; that’s what Chris lived for.”

  Moore was remembered as a ‘firefighter’s firefighter,’ an adoring father, and a man with a great sense of humor. He leaves behind two children.
Trooper Gerald ‘Jerry’ Wayne Ellis – Illinois State Police

Trooper Gerald Ellis, 36, was killed in a vehicle collision involving a wrong-way driver on March 30, 2019. He was traveling westbound on I-94 when he observed another vehicle traveling eastbound in the westbound lanes. He maneuvered his patrol car two lanes over and intentionally collided with the vehicle, preventing it from striking another car containing a family that was traveling in the same lane as the oncoming vehicle.

“Ellis’ actions are the true definition of heroism,” said Illinois State Senator Dan McConchie. “He put his life on the line every single day to save others. Because of him, so many families get to hold their loved ones again, but his family never will.”

Trooper Ellis was a U.S. Army veteran and had served with the Illinois State Police for 11 years. He was assigned to District 15 in Downers Grove. He is survived by his wife and two daughters.

Trooper Brooke Jones-Story – Illinois State Police

Trooper Brooke Jones-Story, 34, was struck and killed by a tractor-trailer while conducting a traffic stop on U.S. Route 20 on March 28, 2019. She had stopped another tractor-trailer and was conducting an inspection of it when another truck ran off the road, striking her patrol car before striking her and the truck she was inspecting. The driver of the truck that struck her was charged with reckless homicide and fatigued driving in connection with the crash.

According to her family, she was a “dedicated, courageous, loving and passionate officer and the absolute best person you could meet. Brooke will be sorely missed and is loved and celebrated for a life committed to her family and the service of others.”

Trooper Jones-Story had served with the Illinois State Police for 12 years and was assigned to District 16 in Pecatonica. She is survived by her husband.

Trooper Christopher Lambert – Illinois State Police

Trooper Christopher Lambert, 34, was struck and killed by a vehicle while investigating the scene of a crash on January 12, 2019. He was en route home when he encountered the three-vehicle crash on the left shoulder and stopped to render aid. He was standing outside of his vehicle when he was struck by another vehicle that failed to slow down or move over.

“Trooper Lambert was a great trooper and was respected by those within and form outside the ISP, this is a tremendous loss which could have been prevented and should have never happened,” said ISP Director Leo P. Schmitz. “Trooper Lambert deliberately placed his vehicle in a position to protect the lives of the victims of the previous crash and took on the danger himself. He will be remembered for his dedication to the Illinois State Police and for giving the ultimate sacrifice to protect and serve the citizens of Illinois.”

The investigation revealed that the driver who struck him was attempting to pass the accident scene by using the left shoulder and had admitted to smoking THC oil the previous day. He was charged with reckless homicide.

Trooper Lambert was a U.S. Army veteran and had served with the Illinois State Police for five years. He is survived by his wife and one-year-old daughter.
• **Deputy Sheriff Jacob Howard Keltner – McHenry County Sheriff’s Office** - Deputy Sheriff Jacob Keltner, 35, was shot and killed on March 7, 2019, as he and other members of the Great Lakes Regional Fugitive Task Force attempted to serve an arrest warrant in Rockford, Illinois. The suspect opened fire with a rifle, striking Officer Keltner, who was then transported to a local hospital where he later succumbed to his injuries.

“My husband was a ‘cop’s cop.’ He loved everything about his job and looked forward to going to work every day. He was a true patriot who wanted to protect the people of this country,” said Officer Keltner’s wife, Becki. “So, I knew when he was selected for a position on the U.S. Marshal’s Fugitive Task Force, I couldn’t have stopped him from taking the job if I tried. I knew it was dangerous, but he was smart, strong, and great at what he did. I knew he would protect his fellow officers like he protected our family.”

Deputy Keltner had served with the McHenry County Sheriff’s Office for 13 years. He is survived by his wife, two young children, his father and brother who both work in DuPage County law enforcement, and other family members.

• **Captain Jacob “Jake” Ringerering – Firefighter, Godfrey Fire Protection District** - Captain Jacob Ringerering, 37, and three additional firefighters were injured on March 5, 2019 while on the scene of a residential structure fire in Bethalto, when a portion of the structure collapsed. He was taken to the hospital, where he died from his injuries.

“He was a good fireman, I can tell you that,” Steven Rynders, who served on the Godfrey Fire Protection District’s Board of Trustees when Ringerering was hired. “He took his training very seriously. He went to school and got the knowledge to do it right.”

Captain Ringerering served in Godfrey for nearly nine years. His father was the fire chief in East Alton, and he served there as well. His grandfather was also a firefighter. His chief, Erik Kambarian, described Ringerering as “gold” saying a “Jake” was usually slang for an exemplary firefighter, adding it was no coincidence that it was Ringerering’s first name. Captain Ringerering is survived by his wife and three young children.

• **Kody Vanfossan – Firefighter, Christopher, Illinois** - Firefighter Kody Vanfossan, 24, responded to a multi-alarm two-story vacant structure fire in Christopher, Illinois, on May 5, 2019. He, along with a second firefighter, started down steps in the rear of the building, when the steps collapsed. While the second firefighter was able to make it out of the building, a Mayday was issued for Vanfossan, who was eventually recovered from the building and placed into an ambulance where he died.

Vanfossan served the Christopher Fire Department for three years. He always wanted to be a firefighter, and when he was five years old, Vanfossen had a full fireman’s suit, bag and hat. He leaves behind a fiancé and infant son.

• **Deputy Troy P. Chisum – Fulton County Sheriff’s Deputy, Avon, Illinois** - Deputy Sheriff Troy Chisum, 39, was shot and killed while responding to a disturbance call in Avon on June 25, 2019. While backing away from the house, he was shot by the subject who then barricaded himself inside the home. The suspect was arrested and taken into custody without incident the next day.

“I stand before you today saddened and at a loss of adequate words to express the grief we are feeling over the loss of one of our own,” said Fulton County Sheriff Jeff Standard. “Deputy Chisum dedicated his life to the service of his community. His legacy and sacrifice will forever be remembered.”

Deputy Chisum served with the Fulton County Sheriff’s Office for more than four years. He also served as a paramedic with the Fulton County EMA and as a member of the West Central Special Response Team. He is survived by his wife and three daughters.
• Timothy M. Jones – Retired St. Louis Firefighter - Timothy Jones was a retired firefighter, who died unexpectedly in June 2019. While with the Fire Service, he volunteered his time with the St. Louis Area Police and Fire Bigpipe and Drum Corp. After retirement, Jones gave his time to the LGBTQIA and women’s rights movement, fighting for those disadvantaged in the community. He fought so other would have the right to just be. Jones was a father, husband, brother, friend, and a true fighter. He was loved and will be missed by many.

• Andrew ‘Andy’ D. LaTour, III – Paramedic-Christian Hospital EMS - Paramedic Andrew LaTour with Christian Hospital EMS died unexpectedly on June 11, 2019. He served in both the United States Air National Guard and Army National Guard. He earned the rank of E5 and was a Fire Protection Specialist with the Air National Guard and a Chemical Ops Specialist with the Army National Guard. SGT LaTour was awarded the Bronze Star Medal, Afghanistan Campaign Medal with Campaign Star, National Defense Service Medal, Global War on Terrorism Service Medal, NATO Medal, and Armed Forces Reserve Medal with M Device, the Army Service Ribbon, Overseas Service Ribbon, Air Force Training Ribbon, and the Combat Action Badge.

• Steve W. Neimeyer – Firefighter, Saline Valley Fire Protection District - Steven William Neimeyer, 48, was a firefighter at Saline Valley Fire Protection District as well as an attorney, who passed after a battle with cancer on June 24, 2019. Neimeyer followed in his father’s footsteps and became a firefighter in 2004. He was hired full time in 2007 at Springdale Fire District.

During his career in the fire service, Neimeyer met many milestones and was very proud of his service. He worked as a full-time firefighter until 2017 when he went back to work full-time as an attorney where he continued to serve fellow first responders with his law practice catering to the needs of first responders. In addition, he was a well-respected member of the legal community in St. Louis and also served as Guardian Ad Litem at the Saint Louis County Family Court for nearly 20 years. Neimeyer was a proud supporter of The Backstoppers. He was a selfless man even in his death through the donation of his eye tissue to give sight to others. He is survived by his wife and two children.

• Katie Joellenbeck-Busby – Former Metro-East Police Officer, St. Claire County 911 Dispatcher - Former Metro-East Police Officer and St. Claire County 911 Dispatcher, Katie Joellenbeck-Busby, 28, died following a motorcycle crash on June 24, 2019. She was a former police officer with the Belleville, Brooklyn and Washington Park police departments, and mostly recently worked as a 911 dispatcher for the St. Clair County Emergency Management Agency before leaving to take a job working at the Federal Reserve Banking Institution Law Enforcement Unit in St. Louis.

As a 911 dispatcher, Busby went the extra mile to reassure callers that they would be OK, said Herb Simmons, director of the St. Clair County Emergency Management Agency. “When someone dials 911, it’s usually one of the worst days of their life, and she always took the time to make sure they were understood and got the services they needed,” he said. “She was a good, dedicated employee.”

Busby was proud to have followed in her father’s footsteps in the law enforcement field. She is survived by her parents and siblings.
Introducing Shirley Gastler, EMT-P, SSM Health Regional Emergency Medical Services Team Leader

In April 2019, SSM Health appointed Shirley Gastler, EMT-P, as the Regional Emergency Medical Services Team Leader, working closely with Helen Sandkuhl, RN, MSN, CEN, TNS, SANE, FAEN, administrative director for SSM Health St. Louis-Regional EMS, SSM Health Saint Louis University Hospital Disaster and Clinical Outreach Services.

“I’m so pleased to be working alongside Shirley,” said Sandkuhl. “In fact, she’s the reason I accepted my new position: I wanted the opportunity to work with a medic’s medic. And that’s Shirley. She’s the best of the best.”

In her role, Gastler oversees 38 Fire/EMS districts throughout the St. Louis region, including Jefferson, Franklin, Ste. Genevieve and Warren Counties. She also oversees the medical direction for Six Flags St. Louis.

Gastler’s department is responsible for providing training and education to local medics and EMTs, using protocols that are researched and evidence-based. She and her team also provide AHA classes and trauma updates, as well as the necessary training for EMS licensure.

We’re so pleased to welcome her to the SSM Health regional EMS team!

SSM Health Names Steven M. Scott, MPH, FACHE, President of SSM Health Saint Louis University Hospital

In March 2019, SSM Health named Steven M. Scott, MPH, FACHE, president of SSM Health Saint Louis University Hospital. Scott has been serving as interim president since January 2019. In this role, he is responsible for leading the 356-bed academic medical center that specializes in organ transplant, advanced cancer therapies and trauma services. With SSM Health SLU Hospital as a teaching hospital for Saint Louis University School of Medicine, Scott also will work closely with the leadership of the School of Medicine and SLUCare Physician Group.

“SSM Health SLU Hospital is on a continued path of innovation and growth,” said Candace Jennings, Regional President for SSM Health in St. Louis. “Steven’s wealth of experience in envisioning the future of health care and understanding and adapting to market shifts position the hospital for sustained growth and for preparing tomorrow’s physicians.”

Scott has more than 35 years of experience leading health care organizations across the country, including academic medical centers such as Georgia Regents Medical Center, Oregon Health and Science University and the University of Illinois at Chicago. Most recently, he served as interim chief operating officer at the University of Texas Medical Branch in Galveston, Texas.

He earned a Master of Public Health in Health Administration from the University of Pittsburgh and his undergraduate in psychology from Morehouse College in Atlanta.
New SSM Health Saint Louis University Hospital Construction Update

Construction of SSM Health Saint Louis University Hospital’s new $550 million home continues to make great strides. The exterior walls and windows for the hospital tower and the commons are nearly complete with only a small portion remaining to enclose both structures. The Ambulatory Care Center is completely enclosed. Exterior terra cotta stone, and glazing work continues to go up on the outside of the buildings.

We’re involving SSM Health Saint Louis University Hospital employees and SLUCare physicians in a comprehensive and collaborative process to design the new hospital and ambulatory care center, which will provide exceptional care to St. Louis and the surrounding communities for decades to come.

A time capsule burial will take place this September as we celebrate the one-year countdown to the opening of the Grand New SSM Health Saint Louis University Hospital.

Interior walls continue to go up and bathroom pods continue to be placed in the patient care areas. Millwork, painting and tilework begin inside all of the buildings. The new parking garage construction has started and will continue throughout the summer. The parking garage will include approximately 1,000 parking spaces.

The new $550 million SSM Health Saint Louis University Hospital and ambulatory care center features more than 800,000 square feet of space, 316-private patient rooms, an expanded level I trauma center and emergency department, larger intensive care units, expanded patient parking, green space, and areas for future campus expansion.

The project is in the construction phase, which will last through June 2020. Once construction is complete, training in the new facilities will begin for employees. We will see our first patient on September 1, 2020!
Recognizing STARS Program ‘Graduates’

A few years ago, SSM Health Cardinal Glennon Children’s Hospital enacted a program: STARS™ (Special needs Tracking and Awareness Response System) to help local area first responders better address the complex needs of special-needs pediatric patients in emergency situations by putting pertinent patient information in the hands of EMS before they even arrive at the patient’s side.

The STARS program also provides training on tracheostomies, vents and neuro disorders, as well as some common pediatric heart issues. This training and communication allows first responders to provide critical care immediately and skillfully, decreasing anxiety and painful, unnecessary measures, while achieving better outcomes more quickly for pediatric patients suffering from:

- Significant developmental delays
- Seizure disorders
- Cardiac history
- Cerebral shunts
- Tracheostomies
- Autism spectrum disorder
- Children with a DNR order
- Any atypical disease or syndrome.

Today, there are many patients across the region on file in the STARS system. It’s gratifying for the STARS teams when any one of these patients ‘graduates’ out of the system due to a positive change with his or her medical condition.

Zach Krato, the STARS program coordinator at Florissant Valley Fire Protection District, recently shared that their very first STARS patient, Carallie Clay, ‘graduated’ from the program.

“Every year we try to update our patients’ profiles and touch base with them,” said Krato. “This year, we discovered while talking with Carallie’s mom that she had a great outcome and no longer needed the support of the STARS program. We were so happy for her!”

Krato and his colleague, AJ Freihoff, wanted to recognize Carallie by visiting her one last time and presenting her with a special graduation certificate. They had been working with her since she came home from the hospital as an infant on a ventilator.

“Florissant Valley is one of our busiest STARS districts, yet they continue to take the time to go the extra mile for special needs kids, like Carallie, in their community,” said Tricia Casey, SSM Health EMS liaison and STARS coordinator. “This is another example of them doing something without being asked. I truly appreciate their ongoing interest and engagement with the program.”

For more information about the STARS program and resources available for EMS training, please contact Trish Casey at 314-422-6383 or Patricia.Casey@ssmhealth.com.
Upcoming Events

The dates have been set for two of our annual symposiums. We hope you can join us!

**The 12th Annual Advances in Acute Stroke and Nonintervention Conference**

*Saturday, October 12, 2019*

Saint Louis University Busch Student Center
20 North Grand Boulevard, St. Louis, MO

This year’s invited guest speakers include Diogo Haussen, MD, from Emory University and Ashutosh P. Jadhav, MD, from University of Pittsburgh. We will be discussing two main topics: 1) stroke triage in the field and 2) perfusion-based stroke treatment strategies. For more detailed information and/or to register for the stroke conference, visit [tinyurl.com/SLUSTROKE](http://tinyurl.com/SLUSTROKE)

**Annual Trauma Symposium**

*Tuesday, November 19, 2019*

Saint Louis University Busch Student Center
20 North Grand Boulevard, St. Louis, MO

For more information about the trauma symposium, please contact Haley Strebler at 314-577-8773 or [haley.strebler@ssmhealth.com](mailto:haley.strebler@ssmhealth.com). We hope to see you there!

Recent Events

**SSM Health SLU Hospital’s Hosts Annual EMS BBQ**

We were thrilled to have so many local area first responders join us on Monday, May 20, 2019 for SSM Health Saint Louis University Hospital’s annual EMS BBQ in Tower Grove Park. We loved watching everyone enjoy the delicious St. Louis-style BBQ along with some fun time with friends and colleagues.

SLU Hospital is proud to host this BBQ every year as a way to say “thank you” to all of our colleagues in the EMS field for their hard work and dedication to serving our great community. We’re truly honored to work alongside these amazing heroes who serve our community.
St. Louis Fire Department Foundation Third Annual Legends & Lifesavers Gala

Every day, members of the St. Louis Fire Department put their lives on the line for the greater community. When people call, they answer that call without hesitation, and they do it with courage, determination, dedication and heart, each and every time.

On Thursday, April 4, 2019, several of these extraordinary first responders were honored at the Third Annual Legends & Lifesavers Gala at the Chase Park Plaza in St. Louis. Emceed by Carol Daniel, the event was well-attended and helped raise much-needed funds to support the St. Louis Fire Department.

SSM Health is a proud sponsor of the foundation. For more information about the St. Louis Fire Department Foundation and the work it’s doing, visit StLFDFoundation.org.

EMS Agencies Create High School Docudrama at Vashon High School

In early April 2019, SSM Health SLU Hospital teamed up with SSM Health Cardinal Glennon Children’s Hospital and various EMS agencies – including St. Louis Fire Department, St. Louis Metropolitan Police Department and Abbott EMS – at Vashon High School to create another high school docudrama.

Students were given a front row seat to the dangers associated with driving under the influence, particularly during the upcoming prom season. The agencies worked together to create a fictitious two-car head-on collision. Vashon students were placed inside and around the cars to demonstrate what an accident scene might look like. The entire scene was chaotic and loud with the EMS agencies working together to care for the injured students.

This annual series has done an excellent job of serving as a wake-up call about the realities of drinking and driving. Creating these educational experiences is part of SSM Health SLU Hospital’s responsibility as a Level 1 Trauma Center. It’s an effective, cautionary tool for students.
Introduction

Collaborative Medicine Saves Lives

We all know that health care teams that collaborate effectively can enhance the quality of care – as well as the outcomes – for their patients. From first responders, emergency department nurses and physicians to surgeons, rehabilitative specialists and social workers, everyone plays a critical role in caring for each patient. When each of these silos collaborates and communicates, patients do better.

According to the American Medical Association, collaborative health care teams are defined by their dedication to providing patient-centered care, protecting the integrity of the patient-physician relationship, sharing mutual respect and trust, communicating effectively, sharing accountability and responsibility, and upholding common ethical values as team members.

This philosophy of collaborative medicine is at the core of SSM Health and its Mission. With nearly 40,000 employees across 23 hospitals in four states, SSM Health is proud to deliver quality medicine to every patient.

In this 2019 summer edition of Emergency Perspectives, we’re showcasing the value of SSM Health’s collaborative approach to medicine. We’re spotlighting a heart patient, who benefited from collaborative cardiovascular care by becoming the first patient in the region to undergo a procedure where a transcatheter valve is implanted into a tricuspid valve. This implant was performed by two SSM Health heart specialists from two different hospitals, who partnered to help this patient avoid having to undergo an open surgery.

Our cover story on John Smith is a true reflection of the benefits of this approach – from the resuscitation efforts at the scene of the accident, in the emergency department at SSM Health St. Joseph Hospital - Lake Saint Louis to the advanced care he received from the trauma, neuro and ICU teams at SSM Health Cardinal Glennon Children’s Hospital, who helped him fully recover and inspire the major motion picture “Breakthrough.”

We’re also highlighting a new service SSM Health launched in 2019: the new St. Louis Transfer Center, which combines two services – access and patient placement – offering a one-call approach for referring physicians, providers and emergency departments transferring patients to SSM Health ministries across the St. Louis region. It’s a tremendous resource rooted in collaborative medicine.

Our field guide on drowning prevention provides first responders with valuable tips on rescue and resuscitation and how they can help the community avoid drowning accidents in the first place.

For our Q&A feature, we interviewed Judge Jimmie Edwards, the City’s newest Public Safety Director. During our discussion, we learned about Edwards’ storied childhood and how he rose from the housing projects to the bench to city hall. We also discussed what he’s already done to help today’s at-risk youth and how he plans to help reduce gun violence and the homicide rate to make St. Louis safer for everyone.

Finally, we feature one of the area’s longest serving EMS veterans: Herb Simmons in East St. Louis. From his early days as an ambulance driver to his current role as the executive director St. Clair County Emergency Telephone Systems Board (ETSB) and the director of St. Clair County Emergency Management Agency/CENCOM 9-1-1, Simmons has truly seen and done it all – he could write a fascinating book on the history of EMS in the region.

Thank you for interest and support of this publication. As always, we welcome any questions and/or feedback you might have. Please don’t hesitate to contact Helen Sandkuhl at helen.sandkuhl@ssmhealth.com.
SSM Health is proud of the collaborative, quality medical care it delivers to patients every day across its many ministries. This approach gives patients peace-of-mind that they are receiving the best treatment option, no matter which hospital they visit.

According to two of SSM Health’s leading cardiac specialists – Michael Lim, MD, FACC, FSCAI, a SLUCare cardiologist and director of SSM Health SLU Hospital’s Center for Comprehensive Cardiovascular Care (C4), and David Theodoro, MD, SSM Health cardiac surgeon and chairman of SSM Heart and Vascular Institute – the following case is a great example of how a patient, who initially presented with a complex cardiac infection, ultimately received an optimal solution through a collaborative surgery.

“To put it simply: it’s academic and community medicine partnering for a patient’s benefit,” they said.

In the spring of 2019, Dr. Theodoro met with this patient – a female in her 30’s from Hannibal, Mo. – at SSM Health DePaul Hospital. She had undergone a tricuspid valve procedure two years prior; however, she developed an infection in that same valve, which damaged the surrounding tissue.

Dr. Theodoro went ahead and scheduled a repeat tricuspid valve replacement. In the meantime, he consulted with Dr. Lim and Tarek Helmy, MD, a SLUCare interventional cardiologist, to discuss other potential options beyond traditional surgery. Given the amount of damage done, the three cardiac specialists then determined that replacing the valve might be more effective.

“The biggest question was could we effectively treat her condition with a brand new valve and avoid traditional open surgery altogether,” said Dr. Theodoro.

They recommended the catheter-based valve in-valve procedure – a first at SSM Health SLU Hospital – implanting a transcatheter valve into a tricuspid valve.

“In June, Dr. Theodoro and Dr. Helmy partnered to perform the procedure at SSM Health SLU Hospital. “The tricuspid position made the procedure particularly unique,” said Dr. Theodoro. “It took approximately an hour-and-a-half, and the patient did spectacularly. Better yet, she avoided undergoing a traditional open-heart surgery.”

The patient was discharged from the hospital two days post-op. She also didn’t require any cardiac rehab and has a wonderful prognosis.

As SSM Health SLU Hospital welcomes new SLUCare cardiac surgeon Giovanni Speziali, MD, to lead surgical efforts, one can expect more collaboration in the heart and vascular arena between academic and community partners in the future.
For anyone working in the field of medicine – from doctors and nurses to first responders and paramedics – there is that one particular case that comes along that changes everything. It impacts you professionally and personally. It shakes your core. It changes how you see the world – your belief system – and even how you do things. It’s the game changer.

“John’s case was definitely a game changer. It’s one that I’ll carry with me for the rest of my life,” said Jeremy S. Garrett, MD, a SLUCare pediatric critical care medicine specialist at SSM Health Cardinal Glennon Children’s Hospital. “I’m pretty sure everyone who had a hand in his rescue and care will never forget his case.”

The ‘John’ whom Dr. Garrett is referring to is John Smith – the 14-year-old St. Charles, Mo. teenager, who fell through the ice on a frozen Lake Sainte Louise, becoming trapped underwater before being rescued 15 minutes later. His story was broadcast all over the news across the region – and eventually, the world.

This same boy, who had no heartbeat for more than an hour and was on the brink of being declared dead despite exhaustive attempts by his rescuers and other first responders to save him. The boy with an extraordinary mom, who refused to give up hope, whose faith and determination persevered, never wavering. The boy with the odds stacked against him, who went on to defy them by not only surviving, but also thriving.

John’s story is certainly one for the books – medical journals, a best-selling novel and even a major motion picture. The film “Breakthrough” debuted in theaters nationwide April 17, starring “This is Us” star Chrissy Metz, Topher Grace and Dennis Haysbert.

The case received so much attention because everyone involved couldn’t believe that John not only survived, but is alive today as if nothing happened. But he did. His survival is a testament to John himself as well as every person involved in his rescue and care.

There is also one other critical element – faith. Perhaps you might call it divine intervention, a higher power, or even God.

“Make no mistake about it: John’s recovery was miraculous,” said Dr. Garrett. “Could we produce the same results again? Only by the grace of God. Were there some medical factors that might help explain his outcome? Certainly, but not entirely, especially with the degree of his recovery. I get the skepticism. If I hadn’t been personally involved with treating John, I’d be skeptical, too. It’s indescribable. Yet, I witnessed his miraculous survival firsthand.”

While Breakthrough went on to make $50.4 million at the box office, this inspirational story is one that will live on far past Hollywood.
John’s Miraculous Story of Survival

To fully appreciate the miraculousness of John’s outcome, you have to start from the beginning – the day of his accident. Monday, January 19, 2019 was an unusually mild winter day in St. Louis. It had been cold and snowy, freezing several area lakes. John had spent the night at a friend’s house in Lake St. Louis – students were out of school that Monday in honor of Martin Luther King, Jr. Day.

“My two friends and I had been outside playing that Sunday night. We even went out onto the frozen lake, just playing around,” recalled John. “The next day, we went back out onto the lake.”

Overnight, the temperatures warmed up to nearly 70 degrees, compromising the state of the ice on the lake. The boys didn’t realize the danger it posed when they ventured out onto the ice to play late that morning. At 11:34 a.m., the ice suddenly gave way, dropping all three boys into the lake. The sister of one of the boys witnessed them fall through the ice. She immediately ran to get help.

First responders from Lake St. Louis Fire Department and EMS were the first to arrive. Joe Morrow and Mike Terranova quickly entered the lake in their wet suits. Captain Justin Darnell set up on the side of the lake to oversee rescue operations and aid with lifesaving efforts. Before the crew arrived, one of John’s friends was able to self-rescue. They were able to rescue John’s other friend almost immediately. However, John was still somewhere under the ice.

The Wentzville Fire Protection District had been called in for backup, responding to the scene shortly after the crew from Lake St. Louis. Coincidentally, the Lake St. Louis Fire Department and Wentzville Fire District had just completed cold water rescue training together the weekend before the accident.

Upon arrival, Wentzville Fire District’s Captain Tommy Shine checked in with Darnell before entering the lake, wearing a wet suit and carrying a 12-foot pike pole. This also happened to be Shine’s first cold water rescue attempt. Unable to touch the bottom of the lake, he used his pole to feel around for any signs of John until the dive team arrived. He also used some of the insight that Morrow had shared with him to help identify any signs.

“The water was really murky with zero visibility,” said Shine. “By the time I got in the lake, John had been under for about 13 minutes. At that point, it started to feel like a recovery effort. The odds were against us – we had less than a one percent chance of successfully finding him and saving him. I was anticipating that the coroner would be showing up soon.”

An Unlikely Rescue

By now 15 minutes had passed since John had gone under. Yet, Shine, Morrow and Terranova continued with their search efforts. They were covering a 20-foot by 20-foot area and talking across the lake to each other.

“Just as we were preparing to suspend our efforts and exit the lake, something – or someone – told me to check one spot again,” recalled Shine. “Sure enough, I put the pole down and felt something tugging, so I started pulling up slowly, feeling less and less resistance. I wasn’t sure what it was until I saw John’s white shirt right when he began to surface.”

At 11:56 a.m. – 22 minutes after the boys fell into the lake – John was rescued. Shine pulled John up from the bottom of the lake and yelled out to his team to come retrieve him with the board. Unfortunately, things didn’t look good

“John was so pale and frozen that he looked lifeless. Honestly, I assumed that he didn’t make it; I knew he had been without oxygen for far too long to survive,” said Shine.

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The St. Charles County Ambulance District crew immediately began CPR efforts on John, even intubating him on the side of the lake. They tried to hook him up to the 12-lead, but he was too wet and cold. Nothing was working, so they rushed him to SSM Health St. Joseph Hospital - Lake Saint Louis, where a team of 27 medical personnel continued administering CPR and other resuscitation efforts. John’s body temperature was only 88 degrees.

On the Brink of Death

Kent Sutterer, MD, an emergency medicine physician at SSM Health St. Joseph Hospital, was leading the team’s relentless efforts to save John. Keith Terry, an emergency room technician and firefighter, and Alex Giddens, RN, an emergency room nurse, were among those working to resuscitate John. They worked for the next half hour to try to get a pulse, defibrillating him and administering eight shots of epinephrine – four times the standard protocol, which is two shots. At this point, John had been without a pulse for over an hour – he was well beyond the ‘golden hour.’ The entire emergency room was tense.

“It had been without a pulse for too long. That, combined with his blood’s extremely low pH level, was too much for anyone to survive,” said Dr. Sutterer. “It would be only a matter of hours or days before he would die.”

It didn’t take long for Dr. Sutterer to realize that he knew his patient – John was classmates with his own daughter. This realization added another layer of intensity to the situation. Dr. Sutterer also knew John’s mom, Joyce, would be arriving any minute. The team didn’t want to call John’s time of death until his mom could see him and say goodbye.

“When I got the call that John had been in an accident, I left for the 20-minute drive to the hospital,” said Joyce. “I prayed all the way there that God would save him. There was no way I could lose my baby boy.”

A devout Christian, prayer was already a daily ritual for Joyce. She had prayed for 17 years for God to give her a baby. After years of infertility and a number of painful miscarriages, John was the answer to Joyce’s prayers. She and her husband adopted him from Guatemala while on a missionary trip. Joyce fought so hard to get John that she refused to lose this most precious gift. Yet, she was about to fight an even bigger battle to save her son.

When Joyce first arrived at SSM Health St. Joseph Hospital, she saw paramedic Jamie Halloran in the emergency department. “I’ll never forget this pitiful look on his face,” Joyce recalled. “He looked defeated and depressed. I didn’t know then, but Jamie had worked on John, and he knew it didn’t look good.”

Sister Donna then greeted Joyce and took her to a quiet room to pray with her before taking her to see John.

“All I remember is walking into a room full of hospital staff working on John,” said Joyce. “And there he was, lying on the table and covered by a large warming blanket. His head and feet were the only things I saw. I also noticed that the monitor had flatlined. But it still never occurred to me that he was on the brink of death. I never went there in my mind.”

Dr. Sutterer then knelt down beside Joyce and told her to talk to John. He wanted John to hear from his mom, so that would be the last thing he’d hear on earth.

Through Faith and Prayer, a Miracle and the First Sign of Life

“That’s when I grabbed John’s feet and started praying loudly to the Holy Spirit to bring me back my son,” said Joyce. “Right then, his pulse started. The monitor was no longer flatlined. One of the nurses, Alex, who had her finger on John’s pulse, felt a force of some sort in the room, so much so that she couldn’t keep her finger...
on his pulse. The whole room, which had been still, went into a frenzy.”

“Listen, I was shocked by what I saw, but I cautioned everyone that John’s prognosis was still grave,” said Dr. Sutterer. “His pupils weren’t reactive, and he was taking occasional gasping-type respiration, which is common from someone who is on the brink of death.”

Dr. Sutterer told Joyce that they would be airlifting John to SSM Health Cardinal Glennon Children’s Hospital by their transport team for advanced, life-saving treatment. Both hospitals are part of SSM Health – one of the largest integrated delivery systems in the country. For advanced trauma cases like John’s, many in the region rely on Cardinal Glennon, which has a Level I Pediatric Trauma Center that’s staffed with some of the country’s leading pediatric experts, including Dr. Garrett.

Focusing on the First 24 Hours

Dr. Garrett is well-versed in drowning cases – you might even call him a “drowning expert.” During his earlier years in medicine, several of which were spent in southern California, he treated far too many drowning cases – many of them fatal or with less-than-ideal outcomes.

“Successful resuscitation after a prolonged period of drowning is rare, and resuscitation without any brain damage is even rarer,” said Dr. Garrett. “When I first got word that we had a 14-year-old drowning patient coming in via helicopter, I was admittedly concerned. In my line of work, these cases don’t often end well. We had to prepare for the fact that John might not make it past the first 24 hours, and if he did, his brain damage could be significant enough to put him into a vegetative state.”

John had been without a heartbeat for one hour and eight minutes. He was also suffering from a long list of other medical conditions, which signified imminent death. Still, the thought that John might not survive never entered Joyce’s mind. “John had a heartbeat, so that was all I needed to know. He had already survived this. Death was not an option,” she said.

Joyce drove to SSM Health Cardinal Glennon. Her husband was planning to meet her there to discuss the next steps of John’s medical care. They first met with Dr. Garrett, who had already done an initial evaluation of John. He cautioned them about how grave John’s situation was. He wanted her to understand how fragile the next 24 hours would be.

“Successful resuscitation after a prolonged period of drowning is rare, and resuscitation without any brain damage is even rarer,” said Dr. Garrett. “When I first got word that we had a 14-year-old drowning patient coming in via helicopter, I was admittedly concerned. In my line of work, these cases don’t often end well. We had to prepare for the fact that John might not make it past the first 24 hours, and if he did, his brain damage could be significant enough to put him into a vegetative state.”

If John survived past the 24-hour mark, then we could start discussing the next steps of his care,” said Dr. Garrett. “For now, we were looking for signs of brain activity, which weren’t showing during our initial assessments. John was also experiencing what we call ‘agonal breathing,’ which is an abnormal pattern of breathing characterized by infrequent gasping, labored breathing. It typically progresses to complete apnea and signals impending death.”

That initial meeting between Joyce and Dr. Garrett was tense, to say the least. As John’s mom, Joyce was coming from a place of love and hope. She wouldn’t let the conversation about his prognosis veer towards the negative.

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“I told Dr. Garrett that if he was any good at his job, then John would be fine,” said Joyce. “He just needed to do his job, and God would take care of the rest. Although, I’m pretty sure there were some other angry words thrown in there, too.”

Despite knowing that the odds were not in John’s favor, Dr. Garrett and his team moved forward, continuously monitoring John for signs of brain activity. In the meantime, Joyce turned to her faith and her pastor for support. She also reached out to the greater community online, asking for prayers for her baby boy.

Low and behold, John survived the night and made it past the critical 24-hour mark, although he was still comatose. Dr. Garrett was astounded that he had survived, but he cautioned Joyce that they still had a long way to go.

“I asked Joyce to tell me something about her son, so I could learn more about him in order to conduct the assessment. She told me he loved basketball – it was his passion. And the players John idolized were LeBron James and Michael Jordan,” said Dr. Garrett.

Armed with this information, Dr. Garrett formulated a series of several questions to quiz John. A bit of a basketball buff himself, it wasn’t difficult for him to come up with topic-appropriate questions. With Joyce and her pastor in the room, Dr. Garrett spoke clearly into John’s ear, instructing him to move his left hand if the answer was Lebron James and to move his right hand if the answer was Michael Jordan.

“I started with some easy questions and progressed to more challenging ones before ending with a trick question,” said Dr. Garrett. “John responded correctly to each question with a distinctive hand movement. For the last question, the answer was both players, and John moved both hands in response. I was in shock… John not only had brain activity, but he was acutely aware of what I was asking him.”

It was then that Dr. Garrett realized he was witnessing a true miracle – John’s responses indicated not only signs of brain activity, but also the possibility that he didn’t have any brain deficits. Unfortunately, the rest of John’s body was still incredibly sick, experiencing severe multisystem organ failure.

On day four, John spiked a high fever of 105. His body was continuing to suffer the inflammatory effects of lake water submersion, prolonged cardiac arrest and persistent loss of circulation. The medical team expressed concern about possible meningitis and brain infection, so they removed and tested some of his spinal fluid. On day seven, they removed his intubation, but John remained in the ICU with a feeding tube for another three days.

“When I started to wake up from the coma, I saw my mom and asked her if I fell through the ice. I thought
I might’ve drowned,” said John. “I also asked if my friends knew that I was here. That’s when my mom said the whole world knew I was here. I had no idea that my story had become so widespread. She said there were people praying for me everywhere.”

The Road to Recovery and Home

Every day, John showed more signs of improvement and resiliency. After 10 days in the ICU, he was moved to the transitional care unit of the hospital, where they assessed his brain function, coordination, handwriting, etc. John had lost 20 pounds over the course of those 10 days.

“Initially, I felt really weak,” said John. “But I was determined to overcome it with the hopes of going home soon. I also really wanted to walk out of the hospital without any help.”

On February 4, 2015, 16 days after drowning in that frozen lake, John was discharged from SSM Health Cardinal Glennon with orders for outpatient therapy to help regain his strength and dexterity in his muscles.

“Truthfully, I didn’t need the therapy, but I think social services didn’t know what else to do with me. I wasn’t supposed to be alive, much less recover to the degree that I did,” said John.

Joyce never doubted that John would survive. She knew from day one that he would come back to her. “There’s science and medicine, and then there’s God,” she said.

Six weeks after the accident, John and Dr. Garrett’s paths would cross again at a prayer breakfast that was held in Lake St. Louis. All of the individuals involved in John’s case had been invited.

“When I arrived at this church, I didn’t recognize anyone until I spotted John at the end of the hallway, holding court with a gaggle of girls,” said Dr. Garrett. “You never would’ve believed that this was the same kid who drowned just a few weeks earlier. It was at that very moment that I knew he would be okay.”

Even though more than four years have passed, Dr. Garrett is still inspired by John’s miraculous story. It gives him hope for other cases.

“As a medical practitioner in the field of pediatric trauma, I rely on two key tools to do my job: nutrition and prayer. We save patients by healing their bodies through proper nutrition and other medical interventions. But I also know that prayer support goes a long way in healing,” said Dr. Garrett. “John’s case embodies the mission of SSM Health: ‘Through our exceptional health care services, we reveal the healing presence of God.’ Although I’m not Catholic, I believe in God, who definitely had a hand in John’s rescue and recovery.”

The Lasting Impact of John’s Case

Everything changed for John that fateful January day. He spent that first year after the accident trying to come to grips with what had happened. Since he started sharing his story in the last few years, he has seen the silver lining. His inspiring story has impacted not only his family, friends and those who helped save him, but it’s also touched people around the world, who’ve been searching for hope.

John’s story managed to reach even more people with the release of the major motion picture, Breakthrough, in the spring of 2019, which chronicled his miraculous story of survival – a story that’s become a testament to something greater.

That’s not lost on everyone who played a role in saving and reviving John – SSM Health St. Joseph Hospital - Lake Saint Louis, SSM Health Cardinal Glennon Children’s Hospital, Lake St. Louis Fire Department, and the Wentzville Fire Department. Their collective, collaborative efforts, along with what can only be described as divine intervention and a mother’s love, are why John is alive today. They all know they may never come across another case like John’s. But, they all know they witnessed a miracle firsthand.
Redefining Our Perception of Miracles in Modern Medicine

Today, the term ‘miracle’ gets used in a variety of figurative and often irreverent ways in our daily dialogue:

It’s a miracle that I made it to work on time.
That was a miraculous play that helped them win the game.
You found my missing keys – you must be a miracle worker.

You get the idea. But what is the true definition of a miracle? According to Merriam-Webster, ‘miracle’ is defined as: 1) An extraordinary event manifesting divine intervention in human affairs; 2) An extremely outstanding or unusual event, thing, or accomplishment.

A miracle is also an event that can’t be explained by natural or scientific laws, and is instead, attributed to a supernatural being or deity, magic, a miracle worker, a saint, or some type of religious leader.

With seemingly unattainable standards, it’s hard to believe that miracles even exist.

Yet, in modern medicine, we’ve heard the incredible stories of people surviving and completely recovering from mortal injuries or terminal conditions that would’ve killed and/or handicapped 99.9 percent of the population: the child whose cancerous tumor completely disappeared; the man who survived a suicide attempt after jumping off the Golden Gate Bridge; the woman who went into cardiac arrest following a C-section and embolism who was revived after 45 minutes without a pulse; etc.

And then there’s the case of John Smith – the 14-year-old who drowned after falling into a frozen lake. His rescue and recovery are irrefutable evidence that medical miracles do exist. He is the exception to the rule when it comes to cases of drowning. His story continues to astound the medical field, including the experienced doctors who treated him.

Even though John’s case serves as a reminder to all of us that anything is possible, we know that his type of outcome is rare. So, we’re left wondering why and how? Why did the drowning treatment protocol work in his case and not others? Is it just coincidence or a combination of unknown factors? Does prayer and/or faith play a role? If so, how does God (or whatever higher power you subscribe to) decide who lives and who dies?

Pastor Robert “Bob” Crecelius, who works in Pastoral Care at SSM Health Saint Louis University Hospital, has counseled many medical staff, patients and families who ask these types of questions. “I have a difficult time when we talk about a God that chooses who lives and dies,” he said. “I don’t see it that way. There are so many other factors that come into play.”

Having spent a number of years at the hospital, working in the emergency, ICU and psych/behavioral departments, Crecelius has watched firsthand as the medical staff work tirelessly to administer quality care, only to watch those efforts result end in heartache.

“I can tell you that nothing blurs theological beliefs more than working in trauma and psych,” said Crecelius. “In those departments, a typical work day may be fraught with sadness or disappointment, particularly if you lose a patient or treat a patient who experiences a less than ideal outcome. Yet, these workers never lose hope.”

Crecelius says we need the miraculous stories of survival, like John Smith’s, to keep us going. “Medical miracles give us hope that the human body can still be saved beyond the brink of death,” he said. “And they remind us that there is still so much that we don’t know.”

Although true medical miracles are rare, there are miraculous aspects that we can appreciate in modern medicine. For those first responders and trauma staff who are looking for answers or hoping for more miracles, Crecelius encourages them to expand their definition of miracle.

“Rather than focusing on an event or outcome, relish the work that’s being done. Seeing strangers care for strangers in the most compassionate way – those are miracles that I get to witness every day,” said Crecelius. “These individuals never would’ve crossed paths outside of this emergency situation. It takes a certain person to be able to show compassion like that. It’s inspiring. By just doing what they do, they are miracle workers, who exemplify the best parts of humanity.”
Calls for Safety Improvement Measures
With the Growing Popularity of Electric Scooters in St. Louis City

If you’ve been in downtown St. Louis lately, you’ve probably seen people whizzing around on electric scooters. They’re an affordable option when trying to get from A to B quickly, and they’ve become a common site in major cities across the country. According to the National Association of City Transportation, riders took 38.5 million trips on rentable scooters across the U.S. in 2018.

Safety Concerns with Electric Scooters

Those numbers are expected to rise this year, especially with the advent of warmer summer weather. And while scooters offer a convenient mode of transportation, they’ve also led to an increase in accidents and injuries. Distracted car drivers are one of the biggest threats to scooter riders. The condition of roadways, including infrastructure problems like potholes and pavement cracks, also contribute to accidents.

Additionally, many scooter riders don’t have the proper training or necessary balance to safely operate these devices, which can reach speeds of up to 15 miles per hour. Keep in mind, these electric scooters can be unpredictable at times, particularly for newer or less experienced riders. Learning how to accelerate and brake properly takes practice. When you put an inexperienced rider on the roadways, it can be a recipe for disaster, accidents and/or injuries.

Helmets Are Critical

More importantly, unless they travel with their own – which is rare, unless they’re regular riders – a majority of riders don’t wear helmets. The next time you see someone buzz past you on an electric scooter, check to see if he or she is wearing a helmet or some form of protective headgear.

“Helmets are critical to ensuring the safety of all electric scooter riders,” said Lori Winkler, MSN, RN, TNS, injury prevention nurse coordinator at SSM Health Cardinal Glennon Children’s Hospital. “Wearing a helmet is important because it keeps you safe. The majority of fatalities in accidents are because of injuries to the head. By wearing a helmet, if you were ever to be involved in an accident, it can reduce the severity of the head injury because of the accident.”

Helmets can reduce the risk of head injury by as much as 85 percent. While wearing a helmet does not

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completely prevent a head injury, if you have a helmet on, it will provide a cushion for the blow. That’s critical when you consider that facial and head injuries from micro mobility devices have tripled over the last 10 years nationwide. In fact, according to a recent Rutgers University study, the number of incidents climbed from 2,325 in 2008 to 6,957 in 2018. Of those visiting the ED for treatment, 66 percent were not wearing helmets.

**Call for Action**

These statistics are so alarming that the American College of Emergency Physicians (ACEP) weighed in on the issue of electric scooter injuries. The group released a statement in April 2019 that calls for the development and implementation of programs, policies, legislation, regulations, and public education that will increase the safe use of small motorized recreational vehicles such as scooters, to reduce injury and death.

According to the ACEP, these measures should emphasize the shared responsibility of owners, operators, passengers, and manufacturers to optimize the safety of riders and bystanders. New safety measures must include the prohibition of child operators; prevention of alcohol/drug impaired operation; required use of safety equipment such as helmets; mandatory safety training of all operators; and avoidance of operation while drowsy/distracted.

**Electric Scooters in St. Louis**

In St. Louis, there are three scooter companies licensed to operate here – Lime, Bird and Spin. Each of these companies had to submit to a rigorous permitting process to be allowed to operate in the city.

“We will only grant a permit to electric scooter companies that have 500 plus scooters, a certain number of employees, and are bonded and insured,” said Deanna Venker, P.E., commissioner of traffic for the City of St. Louis. “These companies become partners with the city, agreeing to work with us to address issues, such as safety concerns, on an ongoing basis. There are companies out there that don’t care about safety. Our permitting process ensures that we weed out those companies from ever doing business here.”

There are also strict operation laws for electric scooters. In St. Louis, for instance, electric scooters must be ridden in the roadway or bike lane, not on the sidewalks. With parks and on trails, motorized vehicles have never been permitted. Certain scooters will actually slow down or alert the rider if he or she ventures into (or goes near) a no-ride zone. Riders are encouraged to wear helmets, even though it’s not the law. Many scooter companies give out free helmets, so riders have no excuse.

“Some of the scooter companies give out free helmets – you just have to contact them,” said Venker. “They are also participating at local health fairs, demonstrating how to operate the scooters, offering training, and giving away helmets. If you sign the company’s safety pledge, they’ll give you a helmet.”

**Addressing Safety Concerns in St. Louis**

Despite these ordinances, training opportunities and safety measures, accidents and injuries are still an issue. At SSM Health Saint Louis University Hospital, scooter injuries – including head injuries – are at an all-time high. In fact, there were nearly 40 cases in the hospital’s emergency department over the course of five months in 2018, with the most injuries in September and October. Many patients arrive in the emergency department after reaching much higher speeds going downhill.

“A lot of times, patients will hit a pothole, and they’ll go over the handlebars,” said Steven Lorber, MD, SLUCare director of emergency medicine at SSM Health SLU Hospital. “It looks very much like a toy scooter, but these aren’t. These are much larger, they’re much more powerful, they’re much faster. And there is a skillset and a certain level of competence that somebody would have to have to ride it safely.”

Venker is aware of the increase in electric scooter accidents in St. Louis. She and other city officials are equally concerned and focused on what needs to be
done to improve safety for riders. Venker pointed out the challenges that come with assessing a new player in the transportation field. There are a lot of unknowns with electric scooters, but that doesn't mean it's a bad thing.

“With time, we’ll be able to better understand the issues with electric scooters, particularly when it comes to rider safety,” said Venker. “The reason this is an issue is because widespread usage of electric scooters didn’t exist before. Much like the first cars were not equipped with certain safety measures – seat belts, air bags, windshield wipers, doors, etc. – when they first emerged as primary form of transportation, scooters also have some room for improvement. The key is establishing a system to monitor and record these safety issues, so changes can be made on an ongoing basis.”

In January 2019, Venker and other city officials met with various medical workers, first responders and scooter companies to discuss some of the safety issues with this newest mode of widespread transportation.

“Because electric scooters are so new, no one had a system in place to record actual injuries,” said Venker. “During this meeting, we agreed to implement some new measures to properly track scooter injuries. EMS and fire now have certain codes to use when filing scooter accidents and injuries, which allows us to see if weather conditions, time of day, road conditions, etc. are factors in some of these accidents.”

Venker applauds the work that’s being done on all sides to address the various safety concerns surrounding the electric scooters. She said the city plans to have ongoing meetings with the committee of health care executives, first responders and scooter companies to assess the data recorded on all scooter accidents and discuss other measures to implement.

“Time will tell if the electric scooter craze will grow in this market,” said Venker. “For now, it has shown a lot of promise here. We want to give this industry time to make the necessary adjustments. These days, we, as a society, tend to have knee-jerk reactions to problems.

We don’t want to make any rash decisions. It’s important to find the right balance of having certain safety measures and the proper restrictions.”

In addition to the work the city is doing to regulate the usage and safety of electric scooters, Venker noted how involved the scooter companies have been, because they are learning and working to address issues as they arise.

“We’ve discussed implementing a rewards program where first-time riders ‘earn’ their ability to increase their speed limit – if they ride safely five times in a row, for instance,” said Venker. “We’ve also seen these companies make modifications to the scooters to help reduce the number of accidents – including adding fatter tires, heavier weight on the lower portion of the scooter to create more balance, shocks for better absorption. They’ve even added technology to know when the scooters are overturned.”

As Venker said, time will tell how the electric scooter industry fares in St. Louis. It is encouraging to know that things are being discussed and done to help reduce the safety hazards we’ve seen in St. Louis. Of course, we’ll continue to report back as necessary, particularly as new operation and/or safety measures are implemented.
SSM Health Launches New Transfer Center to Streamline Patient Referrals

To provide a faster transfer process of patients from referrers across the region, SSM Health opened the new SSM Health St. Louis Transfer Center in January 2019 in a new location on the Corporate Lake Campus in Creve Coeur.

The new center offers a one-call approach for referring physicians, providers and emergency departments transferring patients to SSM Health ministries across the St. Louis region. By calling 833-SSM-BEDS (776-2337), the transfer center will facilitate access to:

- SSM Health DePaul Hospital
- SSM Health Saint Louis University Hospital
- SSM Health St. Clare Hospital
- SSM Health St. Joseph Hospital - St. Charles
- SSM Health St. Joseph Hospital - Lake Saint Louis
- SSM Health St. Mary’s Hospital

When SSM Health acquired Saint Louis University Hospital in 2015, it meant referring hospitals and physicians had two separate points of contact for patient referrals – one at SLU Hospital and one for SSM Health’s St. Louis region located at SSM Health DePaul Hospital. By combining resources, the new transfer center streamlines access for those in the community.

“We were operating in a siloed capacity,” said Stacey Miller, BSN, RN, director of the SSM Health St. Louis Transfer Center. “Without a centralized, single point-of-contact, the former access lines had to call different ministries to find a bed; while the outside facilities had to wait for us to call around to secure a bed. This became a source of frustration for physicians as well as patients and their families.”

SSM Health spent a year planning how the Transfer Center would be established and operated. Kelly Baumer, PT, vice president of specialty services at SSM Health Saint Louis University Hospital, is the lead executive and business strategist for the Transfer Center, who oversaw its creation and implementation. She continues to oversee the Center’s operations, sending out regular reports to all of the regional executives that show admittance and decline rates.

Zafar Jamkhana, MD, a SLUCare critical care and internal medicine specialist, serves at the medical director of the Transfer Center, managing the quality aspects of the medical service, while helping to onboard SSM Health’s physicians with the process. As the Center’s director, Miller oversees the staffing and daily operations onsite.

“By developing and working more effectively as a single call center, we are now able to care for patients within SSM Health who we otherwise may not have been able to accept from referrers due to bed availability issues,” said Mike Bowers, chief operating officer for SSM Health in St. Louis.
The Transfer Center is staffed 24/7/365 by registered nurses, who each specialize in critical care medicine and have a minimum of three to five years of experience. These nurses respond to the referrers, facilitating consults between the physicians and arranging for transfers. They collaborate in a setting, much like a command center, with eight large monitors displayed overhead, showcasing up-to-the-minute bed availability across SSM Health’s St. Louis region.

New software known as TeleTracking allows the Transfer Center to have real-time information on every bed throughout the region and to effectively coordinate bed placement for transfer and referred patients to SSM Health St. Louis ministries. Seeing each ministry’s bed availability allows specialists at the Transfer Center to ensure patients are accepted and placed at the right ministry based on the patient’s acuity.

“We field calls across the care spectrum – from Level 1, code stroke, STEMI and time critical cases to less acute cases such as medication administration prior to surgery and continuity of care,” said Miller. “In some cases, it could be a primary care doctor who has a patient with a kidney stone and is looking for a urologist. We’ve also fielded calls, which require our nurses to help with triage. For example, we may get a call from a doctor at a smaller community hospital, who has a potential stroke patient and requests a neurologist when they actually need a neurointerventionalist. With their critical care training, our nurses can help identify the best route for care in those cases.”

Baumer and Miller are dedicated to tracking the outcomes associated with each call to the Center, noting how many were referred to the cath lab, ED, OR, inpatient, outpatient etc. They are also tracking how many resulted in a consultation only or with a follow up, as well as those calls that were ultimately declined or canceled, so they can adapt the Center’s services accordingly.

Fortunately, with only a few months in existence, the Transfer Center has been particularly effective at providing faster transfers throughout the region. The Center fields more than 30,000 calls – inbound and outbound – per month and averages an abandoned call rate of less than four percent, which is less than the national average of eight percent. The Center’s team responds to 95 percent of calls within 30 seconds.

“Our Transfer Center is allowing us to better serve the region,” said Miller. “We’re committed to providing patients and our community with the right level of care in the right location at the right time, while delivering an exceptional patient experience. This Center is allowing us to do just that. I’m excited to see the impact that this service will continue to make as we grow and evolve.”

Inside “Care Traffic Control” at the SSM Health St. Louis Transfer Center in Creve Coeur
Q&A with the Director of Public Safety for the City of St. Louis: Judge Jimmie M. Edwards
A Candid Discussion of How He Hopes to Help Heal Our City

This summer, we sat down with Judge Jimmie M. Edwards, St. Louis’ newest Public Safety Director. We discussed his childhood and how he used one of the greatest tools – education – to find his way “off the block” of St. Louis’ housing projects and into the judicial system as a judge and advocate in our city’s juvenile courts. His passion for today’s troubled youth, helping them realize their opportunities and potential, is what led him to accept this newest role in the public sector.

Judge Edwards was appointed Director of Public Safety for the City of St. Louis by Mayor Lyda Krewson in November 2017. In this role, he oversees more than 3,500 employees and has an operating budget of $340 million. The public safety department is the largest department in the City of St. Louis and includes the police and fire departments.

Prior to his current role, Judge Edwards served as a Circuit Judge for the State of Missouri for more than 25 years. From 2007 to 2012, he served as Administrative Judge of the Family Court. Judge Edwards believes that public servants must be so thoroughly committed to the betterment of our society that they make personal sacrifices, invent solutions and work tirelessly to help those unable to help themselves.

After recognizing that the City of St. Louis was suffering from an unrelenting cycle of juvenile offenders dropping out of school, being expelled at high rates, and cementing their path to lifelong criminality, he resolved to address the problem personally. In 2009, Judge Edwards opened Innovative Concept Academy – directly across the street from his childhood neighborhood. The goal of the school is
to educate at-risk youth while combating risk factors and negative behaviors that keep them from obtaining a high school diploma.

With his background, Judge Edwards is all-too familiar with the issues surrounding urban crime and violence. He recognizes that our justice system is merely one piece of a complex, precarious puzzle. At its best, government and the courts dispense justice and hold the guilty accountable. However, good governance also seeks out the root causes for societal dysfunction, shows compassion when warranted and works to improve opportunities for future generations.

As Public Safety Director, Judge Edwards believes that committed community partners will help change the behaviors and outlook of citizens and neighborhoods alike. He also believes that public safety is everyone’s responsibility, part of the core of being a member of society. Justice is only as effective as its citizenry, and our respect for one another. No amount of law enforcement and quality police work can ensure public safety without the participation of everyday citizens.

Judge Edwards has received national acclaim for his platform on reforming today’s troubled youth – CBS’ Early Show, NBC’s Today Show, The Wall Street Journal, People Magazine and Ebony Magazine. Chief Justice of the United States, John Roberts presented Judge Edwards with the William Rehnquist Award for Judicial Excellence – one of our nation’s highest judicial awards. The National Bar Association Judicial Council presented him with the Raymond Pace Alexander Award, for his contribution to judicial advocacy and humanity.

Judge Edwards has received local acclaim as well. In 2016, he was inducted into the Missouri Public Service Hall of Fame. In 2017, he was inducted into the Order of Fleur De Lis, Saint Louis University School of Law Hall of Fame.

Despite all of these accolades, Judge Edwards knows there is much more work to be done, particularly in the area of public safety in St. Louis City. He discusses his motivation, goals, accomplishments and challenges in the following Q&A.

**Q** How did your childhood motivate you and influence your career?

**A** I was born and raised in the City of St. Louis. All the good and bad experiences – and there were plenty of both – shaped my path, but I wouldn’t change any of it. I was born in the old housing project and raised along with four siblings by a single mom. We were poor. Everything we were ever given came from the generosity of strangers – food, housing, a mattress to sleep on. But we were also taught to show respect for others, along with having a love and appreciation of strangers. That’s the foundation that has made me who I am today.

In addition to being poor, I had to contend with plenty of negative distractions as I grew up. We looked up to the drug dealers in our community, because they had the nice cars, clothes. But, the dealers never let me participate, even though my older brother did. I always wondered why they wouldn’t let me, but I think it’s because they saw my potential. They knew I was focused on getting an education. I was a kid from nowhere, but education could open the doors to someplace else. So, I graduated from Vashon High School, Saint Louis University and then Saint Louis University Law School. The generosity from the strangers in my childhood and those educational institutions are what helped to elevate me.

I eventually found my way into the corporate working world and earned that paycheck I had worked so hard to achieve. I worked for Southwestern Bell as a corporate lawyer before becoming a circuit judge in 1992. In my role as a judge, I thought I could use my education and background to help make a difference in other people’s lives – the same people I grew up with, whose paths led them into trouble and into my courtroom.

(continued next page)
Q You’ve received national and local recognition for the work you’ve done to help today’s at-risk youth. What motivated you to pursue this passion?

A Throughout my entire life, I have seen and felt the exact same pain that I saw in the kids who came through my courtroom. I know how difficult it is to just get to school, oftentimes walking through a crime scene on your way there. I know the struggles of having a single parent and worrying about your younger siblings.

Any time that I have an opportunity to make life a little better, that’s my goal. The only greatest difference maker is education. With education, there’s an opportunity for kids like me to have hope. You can’t dream unless you have hope. All we had growing up were nightmares.

From a young age, education was ingrained in my mind. I wasn’t a great athlete or singer. I was taught that if I can learn, that was my best chance to have success. I was fascinated with the idea of being able to leave the ‘hood.’ If all I had to do was get a piece of paper – a diploma – then that would be a step in the right direction. And public education is free, so I had no excuse.

For many at-risk kids today, the public education system doesn’t work for them, especially when they’re dealing with expulsions for bad behavior. That motivated me to open Innovative Concept Academy in 2009 to give troubled kids a chance to learn. We teach our students how to be respectful and decent, while supporting them on their journey to earn that diploma.

Q What do you consider to be your greatest personal accomplishment?

A Getting out of the housing projects to eventually become a family court judge is certainly a central part of my story. But founding Innovative Concept Academy is by far my greatest accomplishment after being a husband and dad. It’s become the door that’s helped the most marginalized in our community find a way to get off the block. I was once part of that marginalized community, and I want to show others that they have options through education.

The Academy is not about giving second chances, but a different chance. We have to do something different. My goal is to show these students that there are other options. I hope that they find the option that I’m showing them more appealing and more sustaining than the other options such as drug dealing, stealing or violence. But there is a limited window to achieve and pivot away from that life. The school years are the time to reach them.
When I look in the eyes of some of the kids I’ve helped through the Academy, I’m encouraged. It makes it all worth it. These kids may not thank you in the moment, but they will look back and remember how they were helped.

So, I will always be the proudest of that school – like a proud dad. Too often, our students don’t have a dad or father figure in their lives to demonstrate how proud they are of their success. I’m happy to fill that void. And I’m proud to watch our graduates, who were nearly given up on, pave new and better paths for themselves.

**Q** Why did you decide to leave the bench after 25 years to become the Public Safety Director?

**A** It was not an easy decision. In fact, when Mayor Krewson first approached me about the position, I declined. I was reluctant to leave the bench for a number of reasons. First, I was proud of the work I had been doing in our juvenile court system to impact at-risk kids. Second, I knew the life of a public government figure meant dealing with a new set of challenges.

However, St. Louis was in a fragile, critical state following the controversial death of Michael Brown and the reaction to the Stockley verdict, both of which spurned protests and more discontent. I saw lots of sadness and anger in our city. That’s when I realized I might be able to make a difference, particularly for the marginalized in our community.

More importantly, I have the highest respect and admiration for Mayor Krewson. She cares about our city and the equal treatment of all individuals. Because of that, I agreed to take this job.

**Q** What’s the greatest challenge St. Louis City is facing right now?

**A** The worst thing in the City of St. Louis is the proliferation of guns. We have silly laws. I spent my career enforcing the laws, but we’ve reached a new low with the new permitless carry law. Since January 2017, permitless carry is legal in Missouri for anyone 19 years or older, who can legally possess a firearm, may carry a concealed firearm on his or her person without a license or permit. Missouri is the twelfth state to adopt such a law. For a city that’s been battling gun violence, this law has only made matters worse, contributing to more violence.

Guns are changing the culture of our children’s lives. It’s a much different sound when you hear the laughter of a child with a gun versus the laughter of a child carrying a basketball. Shooting fatalities are bad enough, but the non-fatal shootings are even scarier. We had more than 3,000 non-fatal shootings in 2018. I’m grateful for the first responders and medical staff who save these kids, but these numbers indicate that there’s a much bigger issue.

These shootings are occurring between people who know each other, primarily in the African-American communities – 93 percent of these shootings involve African-American males. But, why do people shoot each other? It’s all because of disrespect. As a society, we no longer show each other respect. That has to change.

In the old days, when you had an argument, it might turn into a fist fight. Today, people resolve their conflicts with guns. One person gets shot, and that shooting victim must then retaliate by shooting the person who shot them. It’s a vicious cycle that needs to be broken.

**Q** What do you propose we do to reduce the gun violence in St. Louis?

**A** First, we have to get the guns out of their hands. For people in rural Missouri, they often use their guns and rifles for hunting purposes. For those in urban areas, they are carrying 9mm handguns and other automatic-type weapons, which aren’t being used for hunting. And they don’t even have to be a good shooter. People will argue that it’s people who kill people, not guns. That argument is moot.

There is a legislative tool that I’m working on so that St. Louis can be an exception to the permitless carry law in Missouri. Philadelphia recently did that to combat their gun violence. Pennsylvania, like Missouri, is a permitless carry state. However, through certain legislative measures, Philly is now exempt from that law – you can’t carry a gun in the city without a permit.

Second, we need to replace those guns with another tangible – a way out with a job or through education. For those in the poorest communities, they can’t see that far ahead. They feel like they’re stuck. We need to show them that there’s a way up and out. Education is
the way. We need to open the door just a little bit, so they can see that the opportunity exists, and hopefully, they’ll want to push that door open even further. Imprisoning every single offender isn’t the answer either. We aren’t going to arrest our way to safety. Violence occurs in small segments in the community. The most marginalized and poorest experience it daily. We need to fix those small areas. As long as people are poor and uneducated, we will see violence. When we give them tools like guns that they can use to inflict harm, it becomes a crisis.

Q What are some other ways you’re working to promote real change?

A We have to continue to make some cultural changes if we want to see progress. Unfortunately, we’ve seen the trust gap between our police officers and African-Americans in the community widen in recent years. We all have biases, and I understand that, but we have to control them in a way, so we don’t affect others and compromise the quality of our work. It’s critical that our police officers demonstrate decency. We can control how we engage with those we serve, but I can’t control attitude and hearts.

Fortunately, we’re getting away from rough arrests and becoming more cognizant of the mental health issues in our communities. All of this stuff is hurtful. Times have changed. We have to acknowledge it and correct the behavior. If you have these issues or biases, let’s address them and get fix it. Nobody is perfect. Simply saying sorry and meaning it can create real progress, which we desperately need.

We’re also struggling to recruit police officers who look like the people they’re policing. That’s why we’ve started a cadet program to recruit more minorities, including African-Americans, Hispanics and women. We need more diversity in our police department, so that our officers are policing people in their own communities. We are offering to cover one year of college tuition for our cadets. Right now, I have 78 cadets in the program, but I’m hoping we can grow even more.

Q Tell us about one of the most surprising challenges you’ve experienced in your new role as a public figure?

A The role and influence of social media. Mind you, I’m not even on social media, but I’ve seen the power that it has. There are already a number of challenges that public figures face, but social media manages to compound those. While it connects people in many ways, it’s also become somewhat of a divisive tool that makes it much more difficult to govern effectively. It has the power to do good, but we have to find more ways to use it in a positive manner.

Oftentimes, a story that’s reported through social media can be extremely biased and written before the facts have come to light and before we have a chance to respond accordingly. Once that version of a story is out there, it’s hard to correct it. That only serves to reinforce certain biases.

Unfortunately, we haven’t been able to change the minds and narratives of the people with respect to the overall reduction of crime in the City. How do we do that on both macro and micro levels? I’m working on how to do that on the macro level. On the micro level, we have to get the community to believe that we are safer, because we are. I’m counting on the millennials to help change that narrative. We have many millennials who live and work in the City and who feel positive about their personal safety and experiences. We need them to use their voices to echo that message. Ironically, social media is one of the ways they can do that.

Q What’s the biggest misconception about the marginalized citizens in our communities?

A That they are hopeless and not worthy of getting that different chance (not a second chance). Regardless of their circumstances, no one should be thrown away or cast aside. They can be good people in spite of their environments. I’m living proof of that. Deep down, we all want to succeed and be law-abiding citizens.

We also have to remember that there is good in everybody no matter who you are or where you come from. We just have to look for it. And sometimes that
good is manifested in the strangest ways. For example, when the drug dealers in my neighborhood wouldn’t allow me to deal, they showed their good. I didn’t realize it at the time, but they cared more about my future than I did – they wanted something better for me even when I couldn’t see it for myself.

When talking to today’s at-risk youth, I remind them to stay out of the fray in their neighborhoods. They must make those choices for themselves and their future. Even when you excel and find personal success, you can still go home and embrace your old friends. I often go back to my old block to visit my childhood friends and neighbors. And I know I’ve made them proud.

That’s why I have an obligation to show compassion, because I was shown the same. But we all need to show compassion. We have to stop climbing ladders without bringing people up with us. The only way to sustain humanity is by helping others. That’s on all of us.

Q What’s your message for the greater St. Louis community?

A If there’s one thing we can all agree on, it’s that everyone wants a safer community. Period. My job is to make the community safer. I want YOU to feel safer. Believe it or not, our community is safer today than it was four or five years ago – despite what you may hear or read. Yes, the data supports that we are a safer city. But, none of that matters if you are a victim. My hope is that by making these changes, residents, commuters and visitors will be able to say that they feel safer in the City of St. Louis. I believe we can make that happen. ❖
How the Role of EMS Has Evolved From Basic Transportation to Providing Critical Prehospital Care: One Veteran’s Perspective

St. Louis is fortunate to have a strong community of first responders. They are the front line when it comes to triaging patients in the field (prehospital) before transporting them to the nearest hospital or transferring them from that same hospital to a Level I trauma center like SSM Health Saint Louis University Hospital.

The care that today’s paramedics provide varies greatly from how things were done 40 to 50 years ago. Many of our area EMS professionals have been committed to this career for many years – and even decades. They’ve witnessed some incredible changes and improvements with the advent of mobile technology and state-of-the-art medicine.

We talked to one of the region’s longest-serving EMS providers to hear firsthand how far we’ve come in the field over the years: Herbert “Herb” Simmons. Like many EMS providers, he wears many hats and could write a book based on his experiences.

Simmons, 67, is the executive director of the St. Clair County Emergency Telephone Systems Board (ETSB) and the director of the St. Clair County Emergency
Management Agency/CENCOM 9-1-1. But, that’s just one of his many titles. He’s also:

- Chairman of the St. Clair County Park and Recreation Board
- Chairman of the St. Clair County Transit District
- Commissioner of the Bi-State Development Agency
- Board member of SIPCA (Southwestern Illinois Police Chief Association)
- SILEC assist board (Southwestern Illinois Law Enforcement Commission)
- Chairman of SMPAC (Southern Illinois Metropolitan and Regional Planning Commission)
- Member of the STARRS (St. Louis Area Regional Response System)
- East-West Board of Directors
- Illinois Terrorism Task Force
- St. Clair County Deputy Coroner
- Former police officer in Washington Park, Ill.
- Formerly Deputized by the Marshal Service and FBI on a Federal Task Force

For 30 years, Simmons operated the East St. Louis-based Simmons Ambulance – a critical provider of emergency medical service in a region where public ambulance service is often unavailable. He later became a manager for Sparta-based MedStar Ambulance. He has been the village president of East Carondelet for the past 34 years. Before that he was the village police chief. It goes without saying that Simmons is well-versed in EMS. He has seen it all. To truly appreciate Simmons’ contributions to our region’s EMS, you have to hear how his career first started.

Ambulance Operations in the Early Days
Simmons’ career in the EMS field began in 1969 with his first job at Robbins Funeral Home in East St. Louis, Ill. He drove a 1967 Pontiac station wagon.

“You might be wondering how working in a funeral home translates to working in EMS, but back then, the funeral homes also transported people to hospitals – not just the morgue,” said Simmons. “Those hearses were used for both transporting the dead and the sick or injured. There was also this unspoken rule that if the funeral home transported grandma to the hospital, we’d eventually have the option of burying later.”

That experience gave Simmons a taste of what life as an EMT would be like. Of course, in the 1970’s, EMTs were actually more like transporters rather than medically-trained emergency technicians we’re used to today.

“The term ‘load and go’ originated back in the 1960’s and 70’s. We’d rush to the scene to retrieve a patient and then drive like a maniac to get them to the nearest hospital. We were glorified cab drivers,” recalled Simmons. “We had very limited training and resources. In fact, the only requirements for an ambulance operator were to have an American Red Cross card, first aid kit, oxygen bottle, puke pans, and be trained in CPR.”

(continued next page)
Simmons took a job at Stateway Ambulance Company for a couple of years before starting the Federal Ambulance Company with two business partners. The ambulances were ill-equipped, and the workers had little, if any, professional medical training.

“If a patient was suffering from chest pains, we often thought it was from something he or she ate. We had no way of knowing, because we didn’t have the proper tools like stethoscopes and blood pressure cuffs,” said Simmons. “So many times, patients would complain about a headache or severe hemorrhaging from the nose, and we had no knowledge of the cause. All we could do was deliver them to the hospital only to find out later that they had suffered a heart attack or stroke.”

In 1976, Simmons started Simmons Ambulance Company. It was one of the only ambulance companies to have extrication equipment to remove victims in car accidents. It was also the first in the area to expand services to include EMS/paramedics. In 1982, Simmons sold the company to St. Mary’s Hospital and continued operating it out of the hospital. During its three decades in operation, Simmons Ambulance became a critical part of the St. Clair County health care system, and the eleventh busiest (out of 300) ambulance service in Illinois.

Prehospital Care Emerges
In 1983, Illinois had begun regulating ambulance and paramedic services. By then, prehospital care was becoming part of standardized EMS care.

Simmons eventually went on to work with MedStar Ambulance and its founder, Charles Kelley, Sr., from 2006 to 2011. He had become one of the area’s leading EMS veterans, watching the field evolve from providing basic transportation to advanced prehospital services. He saw patient outcomes improve drastically.

“I still think back to some of those earlier cases, knowing now that if we only had the tools and training to provide better prehospital care, we could’ve saved so many more lives,” said Simmons. “For instance, today, a stroke patient is in good hands when the EMS arrives. Thanks to many years of regulations and training, the men and women who operate the ambulances can now provide the necessary medical care for these stroke patients, boosting their odds of survival.”

Simmons is amazed at how far EMS has come since his days at the funeral home, transporting patients from the field to the hospital.

“In many cases, EMS units are delivering definitive care on the scene, thereby eliminating the need for transport to a hospital. Better yet, there are EMS community paramedic programs being examined for their ability to offer preventive care to keep patients from become frequent ER visitors. That wasn’t something we ever could’ve imagine back in the late 60’s,” said Simmons.

A fun side note: In addition to his many EMS/public service hats, Simmons is also the oldest and longest-running independent promoter of professional wrestling in the country. It’s been a hobby of his for the last 45 years. He’s met and worked with some of the sport’s most famous (or infamous) personalities.
Drowning: Treatment Protocol and Prevention Strategies

Drowning is the leading cause of unintentional death in children under the age of four. In fact, approximately 10 people die every day from drowning in the U.S.

A new report released in June 2019 by the U.S. Consumer Product Safety Commission (CPSC) highlights the need for continued vigilance in combating drowning, which continues to be a public health crisis. There were, on average, an estimated 6,600 pool or spa-related, hospital emergency department treated, nonfatal drowning injuries each year for 2016 through 2018, and 363 pool or spa-related fatal child drownings reported per year for 2014 through 2016, involving children younger than 15.

Drowning Treatment Protocol

As first responders, we have an opportunity to impact these drowning statistics. When responding to potential drowning cases, the primary goal in the management and resuscitation of a drowning victim is to reverse the hypoxic insult. Here are some basic reminders when initiating CPR and resuscitation efforts:

- Be assertive in establishing a patent airway and providing manual ventilation. Mouth-to-mouth, or mouth-to-nose breathing can even be accomplished in the water.

- As vomiting is common after drowning, be prepared to quickly move the patient into a lateral recumbent position; have suction immediately available.

- Keep in mind that supraglottic airways, while convenient and effective short-term alternatives to endotracheal intubation, offer limited protection against further aspiration. The victim will likely have swallowed a good deal of water in addition to whatever amount may have entered the lungs.

- Drowning victims in cardiac arrest should be ventilated as soon as possible. Begin chest compressions as soon as the patient is placed onto a hard surface. Dry the skin quickly before applying defibrillation pads to avoid possible arcing during electrical therapy. Defibrillate as soon as ventricular fibrillation is identified. Spinal injuries after drowning are rare, so don’t spend time trying to immobilize patients, unless a mechanism of injury can be clearly identified. Unnecessary spinal precautions can impede airway management and ventilation techniques.
Water Safety Tips and Drowning Prevention

Of course, it’s critical that first responders initiate resuscitation efforts, quickly and effectively when responding to possible drowning cases; however, first responders can also help to reduce the chances of a drowning incident from occurring in the first place – through sharing education and prevention strategies.

For first responders responding to non-critical calls or who are working community events or health fairs, here are some ways you can educate your communities about water safety:

- **Check for pool enclosures.** Take a moment to check for any residential pools while on a noncritical scene. Both above- and in-ground pools must be fully enclosed by some type of barrier/fence that prevents children from accessing the area without supervision – preferably four-sided, four-foot tall, nonremovable fencing with a self-closing gate that is locked when not in active use or under adult supervision. Pool alarms and covers may be used as well; however, they are not a substitute for proper barrier fencing.

- **Get help.** Encourage swimming lessons for children. Too many adults report that they either do not know how to swim or are poor swimmers.

- **Use proper equipment.** Tell parents that life vests are essential for young children. Water wings and inflatable rafts are not designed as safety equipment and promote a false sense of security.

- **Remove temptations.** Advise parents to keep the pool area clear of toys when not in use. Toys can tempt children to be near the pool or use the pool when unsupervised.

- **Never leave children unsupervised around pools.** Someone should always be appointed to supervise. Drownings can happen in seconds.

- **Encourage parents to get trained in CPR.** This is a critical lifesaving skill that everyone should know how to perform.
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