



ERMED and Aurora St. Luke's Medical Center's
EMS Awards 
Ceremony 2012

Thursday, May 17
Steimke Auditorium



Aurora St. Luke's Medical Center®
of Aurora Health Care Metro, Inc.

2012 EMS Awards

EMS Awards Ceremony 2012

Thursday, May 17 • 2 p.m. • Steimke Auditorium

Welcome

Mary O'Brien
Chief Administrative Officer
Aurora St. Luke's Medical Center

EMS Appreciation

ERMED presents Comedy Sportz

Sepsis

Michael L. Becker, MD, FFAEM, FACEP
Medical Director
Aurora St. Luke's Medical Center Department of Emergency Medicine

Presentation of Awards

Jim Terrell, RN
Manager, Emergency Department
Aurora St. Luke's Medical Center

Zina Kaminski, RN, BSN, MS, CEN
Emergency Department
Aurora St. Luke's Medical Center

Faye H. Zwieg, RN, BSN, MBA
Vice President and Nurse Executive
Emergency Department
Aurora St. Luke's Medical Center

Closing

Mary Mattila, RN, BSN, CEN
Emergency Department
Aurora St. Luke's Medical Center

Pictures of award winners

Cake and refreshments following the ceremony



- **Teamwork in Emergency Medical Services**
- **Leadership in Emergency Medical Services**
- **Great Saves**
- **Courage Under Fire**

This award is given to an individual or group whose actions foster cooperation and unity among members of the emergency medical services community or who work together for the common good of the patient.

This award is given to an individual or group that best exemplifies leadership in emergency medical services.

The Great Saves award is given to an individual or group who performed exemplary actions in saving or attempting to save the life of another person.

• Courage Under Fire

This award is given to an individual or group that best demonstrates the highest standards of courage and professionalism in a dangerous situation.

2012 EMS Awards – Recipients

Teamwork

- Steven Brzezinski of *Curtis Ambulance*
- Firefighter Justin Piper and Firefighter Paul Hartje of *Cudahy Fire Department*

Leadership

- Paramedic Lieutenant Sandy Minnickel of *Milwaukee Fire Department*

Leadership/Great Saves

- Milwaukee Fire Department *Rock N' Sole MCI*

Great Saves

- Firefighter Paramedic Andy Mahn, Firefighter Paramedic Dave Kasulke, Firefighter Paramedic Kurt Egner of *South Milwaukee Fire Department*
- Firefighter Paramedic Tad Beutin, Firefighter Lieutenant Paramedic Glen McCoy, Firefighter Paramedic Jerre Schlax, Firefighter Ron Wainio, Firefighter Paramedic Scott Wallis of *South Milwaukee Fire Department*

Great Saves/Teamwork

- Heavy Equipment Officer Mike Andrews, Firefighter Tom Sells, Firefighter Dan Disimile, Fire Equipment Dispatcher Donna Gesch of *Milwaukee Fire Department*

- Paramedic Lieutenant Tina Aiello, Firefighter Paramedic Kristin Ticcioli, Fire Lieutenant Troy Carlson, Heavy Equipment Officer Jermaine Perry, Firefighter John Perifanos, Firefighter Jason Strzelecki of *Milwaukee Fire Department*
- Firefighter Paramedic Joel Fladwood, Firefighter Paramedic Jeremy Holm, Firefighter Lieutenant Mark Dahlman, Heavy Equipment Officer Firefighter Scott Schultz of *Greenfield Fire Department*
- Fire Captain Randy Klaybor, Equipment Officer Paramedic Joseph Levenhagen, Firefighter Paramedic Andrew Brownson, Firefighter Scott Baumgardt, Firefighter John Brehm, Firefighter Paramedic Scott Gromowski, Firefighter Paramedic Kurt Zellmann of *West Allis Fire Department*
- Rebecca Wheeler, EMT, and Pete Colwell, EMT, for *Meda-Care Ambulance Fire Department*

Great Saves/Courage Under Fire

- Battalion Chief Tom Johnson, Paramedic Lieutenant Peter Olson, Firefighter Paramedic Eric Herr, Firefighter John Leanna, Firefighter Daniel Rezner, Firefighter Brian Anderson, Firefighter Gary Hildebrandt of *Oak Creek Fire Department*
- Firefighter Paramedic Rich Carlsen, Firefighter Paramedic Bob Manke, Firefighter Marcus Day, Firefighter Tony Psichulis, Assistant Chief Paramedic Adam Remington of *Franklin Fire Department*

Teamwork

- *Curtis Ambulance* – I wanted to nominate Steven Brzezinski for the very detailed thorough report he gave when turning a patient over at the hospital. He also showed his professionalism by being very kind and helpful. Even offering to assist me with the patient above and beyond after turning care over. He was very knowledgeable and clearly acting as a team member in the patient's best interest.

– Kris Hallett, RN, Aurora St. Luke's Emergency Department

Leadership

- *Cudahy Fire Department* – It is my distinct pleasure to write you to thank and commend two of your pre-hospital personnel. Justin Piper and Paul Hartje were involved in a transport of another patient either to or from Aurora St. Luke's South Shore when I was just beginning a shift in the Emergency Department there. We had

a person brought in to us by his landlord who was very sick, being disoriented and quite uncooperative. The patient had a fever greater than 104 with altered mental status, and a known history of IV drug abuse. When I came into the room, I assumed that your men had conveyed him to our facility because they were already in the room helping our nursing staff. They would have been overwhelmed without their help, trying to undrape and restrain the patient, start an IV, get him on the monitor and do an initial assessment. The first 30 minutes of his stay in the department was very challenging and without the assistance of Mr. Piper and Hartje, would have been much more so. It was not until after we had the patient stabilized and your men were leaving, that I became aware that this had not even been their patient. They simply saw our need and stepped in to help us and the patient, without ever commenting on the imposition I'm sure it was to their schedule. This is the type of cooperation and support that fosters excellent relationships and makes us appreciate the excellent men and women who we are fortunate enough to work with. These men are an excellent testimony to the quality of service that you provide. I hope you will pass along my thanks again to them because I know that I did not thank them nearly enough at the time when my adrenaline was flowing due to the critically ill nature of the patient. Too often we do not take the time to express our thanks for the excellent service that you provide day in and day out.

– John Tucker, MD, ERMED

Leadership

- Sandy Minnickel first joined the *Milwaukee Fire Department (MFD)* 7/1/1983 as a Paramedic. With nearly 29 years served as a Paramedic, she has led, trained, mentored and positively influenced so many of us here on MFD, both Paramedics and Firefighter EMT's. Sandy is a consummate professional whether on the scene of an alarm or in quarters. She still has a great deal of patience, compassion and empathy for all of her patients and coworkers which is sometimes difficult to maintain in this profession. I tend to judge other paramedics on my own special scale. If I need paramedics at my house for myself or my family, would I prefer that paramedic to show up at my door if I had a choice. For Sandy, it is a definite YES!

– Mark Grade, EMS Captain, *Milwaukee Fire Department*

I have seen Sandy over the years, even when I was out in the EMS field. She continuously provides exemplary care to her patients. She presents herself professionally and has been a great partner in patient care. Her reports to the hospital ED staff are accurate and precise. Sandy is a wealth of knowledge of all who

Nomination stories, cont.

have learned from her over the years in EMS. I will miss seeing Sandy's friendly smile coming into the ED after she retires. She has been a Leader in providing her patient's the best Pre-hospital care while enroute to the hospital. Best of Luck Sandy!

~ Mary Mattila, RN, BSN, CEN, Aurora St. Luke's Emergency Department

Leadership/Great Saves

- On July 10, 2011, the Milwaukee Fire Department (MFD) was on the scene of a special event (Rock N'Sole half marathon) to stand by and provide EMS as needed with a typical allotment of MFD resources on hand. The event started out slow with the typical ankle and leg injuries but due to heat related/environmental problems, this typical special event soon turned into, in essence, a MCI (Mass Casualty Incident) that was spread out over several miles. The needs of this emergency quickly overwhelmed the immediate available units assigned to this event. The MFD quickly responded and dispatched several more units to assist with the triage, treatment and transport of the fifty plus patients. Due to the scale of the incident, MFD resources were spread over a large geographical area. The Milwaukee Fire Department trains and prepares for large incidents like this in the hope that they will not occur. When faced with the reality of this incident, BLS and ALS units stayed calm and showed a great deal of resourcefulness, professionalism and resolve as they quickly worked to bring this incident to a manageable size and final conclusion.

~ Michael Payne, Assistant Chief, Milwaukee Fire Department

Great Saves

- **South Milwaukee Fire Department** – This patient was found at home with the complaint of chest pain and shortness of breath. The patient was that "grey color" we all hate to see because we know in our gut that something bad is happening. Vital signs included a very low systolic BP, 12 lead showed ST elevation in several leads suggesting and Anterior wall MI. An IV was started and a fluid bolus was administered. The patient was further treated with oxygen, aspirin, nitro and Morphine and was taken to Aurora St. Luke's Medical Center. The 12 lead was faxed to Aurora St. Luke's Medical Center so the Cath lab team and Cardiologist had been alerted to the patient coming to the ED. When we arrived with the patient to the ED, the cath lab team met the patient. We never got the patient off the EMS cart. The Cardiologist did the history on the patient in the elevator on the way to Cath lab. It was reported that the time from entry into the ED to cath in the groin was eight minutes. Later results were found that the patient had a significant LAD occlusion and eventually went home in stable condition.

~ Zina Kamienski, RN, BSN, MS, CEN, Aurora St. Luke's Emergency Department

- **South Milwaukee Fire Department** – The patient was hooking a trailer to his vehicle that had been in storage. The owner of the Public Parking place, Todd, was helping him. Todd witnessed the patient collapse to the ground. Todd quickly began giving aid. He recognized the patient was having irregular breathing and no pulses. Todd immediately called 911. While speaking to the 911 operator, Todd gave the address and began CPR. The Paramedics took over rescue operations upon arrival. While under the care of the Paramedics on Med 10, the patient's pulses returned after 5-6 minutes of CPR and 2 defibrillations from an AED. The Med unit continued care utilizing an advanced airway and medications with the return of pulses. He was transported to Aurora St. Luke's Medical Center where he went to the Cath lab which opened one of his occluded coronary vessels. Todd's actions of quick notification of

Nomination stories, cont.

the 911 system and immediate CPR had a major impact on saving his life. His lack of hesitation to render care and his actions contributed to the successful rescue efforts which were vitally important to the positive outcome of this incident. The patient is recovering due to the actions of Todd and Med 10 saving his life.

~ Glen McCoy, Fire Paramedic Lieutenant

Great Saves/Teamwork

- **Milwaukee Fire Department** – Upon arrival, Engine 25 found a female patient with agonal respirations and no pulse. Immediately, Heavy Equipment Officer Andrews began Advanced Life support procedures, starting an IV and administering Epinephrine. Simultaneously, Firefighter Sels and Disimile began very effective CPR, including applying Zoll pads, simple airway and bag valve respirations. These personnel then continued to work as a team, seamlessly transitioning from initial life-saving efforts to working with the Paramedic unit once they arrived on the scene. This patient was resuscitated 3 times prior to arrival at the hospital. From a humanistic approach, what makes this incident stand out is that our patient was a young female who was 4 months pregnant. Most importantly, while the initial prognosis was grave, we understand the patient has now been released from the hospital and is recovering. Every patient, despite age or health status receives our best effort. However, this case is a shining, real life example of just how drastically EMS can and does save lives (in this case 2) when done in the efficient, professional manner that these 3 personnel exhibited.

~ Richard Matzizik, Captain, Milwaukee Fire Department

- **Milwaukee Fire Department** – When we arrived on scene we could not determine which house we were going to as the dispatched address did not look inhabitable. The patient's daughter directed us to the back door where a foul ammonia smell was coming from the residence. We later found out there was a broken sewer pipe leaking in the basement. When we entered the home, the patient's boyfriend directed us to her room. The home was filthy and there were numerous cats and dogs in the house. The home was filled with things that made it look like a hoarder lived in there. Upon entering the room, my first question to her boyfriend was "is she alive and breathing?" He said she was fine and had fallen some time ago and he was caring for her. She was extremely emaciated and her face was sunken in from extreme weight loss. I asked her how she was & she said she needed help. The room was so full of stuff that I had Firefighter Perifanos stay with her while I updated Med 3 at the door. They could not fit in the room yet. I went back in the room and had Firefighter Strzelecki, Perifanos help me try to move the patient. While attempting this, the blanket on her lap moved and we saw her stomach and legs were extremely swollen. When we tried to move her she would moan and groan in pain. The room she was in was about 9 x 7 with a bed, filled with clothes, a table and the chair she was sitting on, which made it difficult. While in the room, Heavy Equipment Officer Perry and Paramedic Firefighter Ticcioli were making room to get her out by moving furniture and removing doors. The boyfriend said he was helping her out by lifting her up washing her daily and taking her to the bathroom. However, the blanket and chair cushion appeared stuck to the patient when we first tried to move her. He said for the last two weeks all she had to drink was Hi-C juice boxes and had not had anything to eat. We all decided that we just had to move her as best as we could and get her to the Med unit where we could help her further. Paramedic Lieutenant Aiello and Paramedic Firefighter Ticcioli were talking to the patient letting her know

Nomination stories, cont.

what we were going to do and trying to figure out the truth to the situation with the boyfriend. All six of us decided to take her, the blankets, and cushions she was sitting on at the same time and carefully carry her out to the cot. The six of us carried her out to the cot, navigating through the disgusting and cramped house. After she had been transported to the hospital, we stopped back at the house where the City Inspector was. He said he was condemning the building immediately and boarding it up after the residents got their things moved out. When we talked about this run afterwards, all of us said it was one of the worst EMS runs we had been on. All six members on this run did an outstanding job handling both the patient and the horrendous living (working) conditions.

~ Troy Carlson, Fire Lieutenant, Milwaukee Fire Department

I have been a Nurse for 24 years now and this was the second worst thing I have seen in my career. The neglect to this poor woman, and the incredibly deplorable conditions that she was left to live in, not being able to move and being dependent on someone who treated her terribly, really touched all of us involved very deeply. The dignity and respect that Tina and Kristin treated this woman with deserves honoring. This woman was still alert and knew what was going on. This woman had a mass that made her appear as if she were 9 months pregnant and also giving her postural hypotension with lying her down since she had been sitting on a chair for the last month. There was a skin care team being assigned to her during her stay in the ED because of the horrendous maceration from sitting in her own urine-soaked cushion that was literally stuck to her skin. I will not forget this patient who I took care of from Tina and Kristin who treated her with dignity and respect.

~ Mary Mattila, RN, BSN, CEN, Aurora St. Luke's Emergency Department

• **Greenfield Fire Department** — *"I found my husband unresponsive in bed when I went to wake him for breakfast. He was in decorticate posturing and barely responded to pain."* Greenfield Paramedics provided excellent care along with expediting transport to the hospital due to his critical status. The wife is a nurse at another hospital and quickly recognized the seriousness of her husband's condition. She could not express how grateful she was for the "above and beyond care" that her husband received from the time the paramedics arrived at her home through his hospital stay. She felt that she crossed paths with many compassionate and empathetic EMS/Hospital caregivers. Her husband did die, but she knows that she received the best care possible and that everyone involved did everything they could for her husband. Even with the critical status of this patient, the Paramedics were able to make sure to make sure the wife, who arrived after them, had someone with her after they turned patient care over to the ED staff. She was a wife, not a nurse at that time, and they recognized with their compassion and empathy of how to provide her support until the ED staff, who was taking care of her husband, took over being with her until a Chaplain/family arrived. We all want to have calls where the patient is resuscitated and lives due to the care provided by both the Pre-hospital EMS and the ED staff. That is not always the case of what occurs and can be difficult for all involved to deal with. When someone does not survive, it is just as important to provide emotional support to the family during their crisis they are going through, until the hospital chaplains can sit with the family, so they do not have to be alone. This all help the family cope better during their journey through the grief process after losing a loved one.

~ Patient's wife/Mary Mattila, RN, BSN, CEN, Aurora St. Luke's Emergency Department

Nomination stories, cont.

• **West Allis Fire Department** — I believe the following submission will illustrate how cooperation from bystanders, EMS and hospital personnel can give a patient the best possible chance of surviving a potentially fatal cardiac event. In this instance, a private citizen stepped up and assisted EMS in a special circumstance where communication with the patient was difficult. Med 113 and Engine 3 were dispatched to a male party experiencing chest pain and shortness of breath at a local bowling alley; which by chance happens to be directly across the street from West Allis Fire Station #3. Both units were returning from a previous call. The engine crew was on scene first and quickly discovered that the patient was participating in an outing of hearing impaired individuals enjoying a night out bowling. Initially, direct communication was difficult with the patient, not only because it was quickly discovered that he was deaf, but by the simple fact that a large group had clamored around the patient and was eager to know what was going on. A female in the group came forward and volunteered to sign interpret for the patient for EMS personnel so the Engine crew could communicate directly and efficiently with the patient. Report was given to the Med unit by the engine when they arrived. It was decided to transfer the patient for further evaluation. The lady who volunteered to translate for EMS, was asked to accompany the patient to further help the Med unit. She willingly agreed to do so. Once the Med unit was evaluating the patient, the patient's wife was located and brought to the Med unit. Understandably, the patient's wife was very worried about her husband's condition and was not completely able to provide timely answers to specific questions regarding her husband's medical conditions. The sign interpreter was able to relay all the necessary medical questions to the patient directly and then provide the responses straight to EMS. Based on the patient's description of his symptoms and his explanation of his pain, the Med unit quickly decided a cardiac chest pain protocol. Vitals and a 12 lead were done quickly. The 12 lead left no doubt that the patient was experiencing a life threatening cardiac event. This information was relayed to both the patient and his wife without trying to agitate either party, as well as the fact that time was very important and that the Med unit needed to transport the patient as soon as possible. The patient's wife then requested that the patient be taken to St. Luke's due to her familiarity with the facility. The Med unit agreed and requested and offered the patient's wife transport as well. She politely declined the offer and asked to take her own car. The dilemma this presented the Med unit was that we would have no way to communicate with the patient once transport began if the volunteer interpreter did not want to stay involved and accompany the patient and Med 113 crew to the hospital. With some fear that the sign language volunteer would reasonably deny the request to remain with the Med unit, she was asked if she would continue to assist the Paramedics during their transport to the hospital. Without hesitation, she agreed to do so, simply asking that they take her back to her car. The Med unit told her they would certainly be able to fill that request. The Med unit gave report to the Base MD who in turn gave report to Aurora St. Luke's Medical Center ED on the pt stating a sign language Interpreter would be needed. The ED MD listened to the Med unit report, assessed the patient had had the crew continue on to the Cath lab since they were waiting to take the patient straight down for a Cardiac Catheterization. Once in the Cath lab the Med unit transferred care to the Cath team. The Paramedics remained with the sign language interpreter until a St. Luke's sign language interpreter could arrive and take over. The Paramedics were allowed into the control room by the Cath Lab staff, and was able to observe the actual Cath procedure being performed on the patient. The

Nomination stories, cont.

technician in the lab was extremely welcoming to the Paramedics and explained the procedure as it took place. This was a rare opportunity for field level EMS providers to observe the next critical step in the chain of survival for a STEM patient. It was both educational and gratifying to see that our efforts in the field will hopefully make a difference and affect a positive outcome for this patient. Once the hospital interpreter arrived, as promised, the Paramedics took the volunteer interpreter back to her car at the site of the original call. The Paramedics thanks her for her time and assistance with the patient and hopefully emphasized to her how much her presence and willingness to help was beneficial to both the patient, EMS crew and the hospital staff. Overall, this call is a terrific example of how the communities entire health care system can work together to realistically save a person's life. Based on what was found during this patient's Cath procedure, had the patient not decided to seek treatment for his self described "mild chest pain", he certainly would not be alive today. This call exemplifies how a selfless community member who was willing to take the time to get involved and help another person, can truly make a difference in their life. This call also illustrates how a cohesive Fire based ALS EMS system can interface with a hospital to reduce the call to balloon time for a patient having a cardiac event. In conclusion, I believe this submission nearly perfectly illustrates cooperation and teamwork across multiple disciplines having a positive outcome on a patient's life.

~ Kurt Zellman, Fire Lieutenant, West Allis Fire Department

- **Meda-Care Ambulance** – While EMT's **Rebecca Wheeler** and **Peter Colwell** were in their ambulance in the early hours of the morning, they witnessed a pedestrian struck at a high rate of speed on the corner of Farwell and North avenue. Not only did they have to process what they had just seen, but they needed to figure out quickly how to safely come to her aid. They called MFD, opened her airway, administered oxygen, and controlled her c-spine until MFD paramedics could take over. Without their quick action, the patient's chances of survival would have been greatly diminished.

~ Linda Wiedmann, General Manager, Meda-Care Ambulance

Great Saves/Courage Under Fire

- **Oak Creek Fire Department** – We were called to respond to a call on Interstate where a person had called 911 while he managed to steer his car off interstate and collapsed. The patient was unresponsive and laying on the ground next to his car with a Milwaukee County Sheriff doing CPR on him when the Med unit arrived. He was cyanotic and not breathing on his own. The Med unit placed the patient on the cot with a backboard under him and continued CPR and Advanced Life support interventions. The patient was found in V-fib and was shocked 3 times with outstanding CPR in between each shock. The patient was given Amiodarone, which had absolutely no effect on his rhythm. The Paramedic asked the Base MD if Lidocaine could be ordered instead. The patient's cardiac rhythm converted to a junctional rhythm after giving Lidocaine. He began breathing some on his own after being intubated earlier and bagged enroute to the hospital. This patient had a Return of Spontaneous Circulation (ROSC) 24 minutes into the Code and had a Glasgow Coma Scale of 3. A Dopamine drip was started due to the patient being hypotensive and the patient was taken to the ED to turn over care. The patient was put in the Hypothermia protocol while still in the Emergency room, to try to preserve brain function after resuscitation. The patient was critical and admitted to the ICU.

~ Tom Johnson, Battalion Chief, Oak Creek Fire Department

The quality of care the Med unit provided to the patient was phenomenal! They followed the ACLS algorithms leading the patient to be successfully resuscitated. Their professionalism was outstanding. They also gave a great detailed report that made them stand out from other med units. A day after I submitted this nomination, I found out that the patient had a long hospital stay, with multiple complications. In the end, this patient was able to walk out of the hospital at his baseline status and is back to work. I believe it was the critical first moments that were a major element of the patient positive outcome.

~ Radia Ali, RN, Aurora St. Luke's Emergency Department

- **Franklin Fire Department** – Franklin Fire Department was involved with looking for an elderly man that had been missing for about a day. The police and Fire departments were involved in the search for this man throughout the day. He went for a walk the night before and had not been seen since then. At about 5 p.m. that evening, Franklin Fire Department received a 911 call from the family of the missing man. They found him at the bottom of a hill in a construction fill site. When the Franklin Fire Department arrived on the scene, they met the family and the Franklin Police Department at the bottom of a 30 foot dirt mound. The patient had spent the night at the bottom of this mound in a creek filled with water. The only part visible on this man was his eyes. Everything else was completely covered in mud and water. The patient stated he had fallen down this hill and was unable to climb out due to the depth of the mud and water. Flight for Life flew over his location numerous times but was unable to locate him due to the fact he was completely covered in mud. The patient was only located by his yell for help by his family whom nearly had walked right by him, never seeing him. Members of the Fire Department began to attempt to remove this patient from knee deep mud and cold water, themselves becoming temporarily stuck at times. The patient was placed on a patient mover and carried by hand back up this hill. Even with the Franklin Police department assisting, this was a difficult task. Once arriving at the top of the hill, the Fire Department crew feared that the patient was hypothermic and began to cut his mud covered clothes off. The patient was alert and stated that he thought he was in the water for over 12 hours. The patient had blue extremities and had a capillary refill greater than five seconds. The patient had to be cleaned of all the mud so that an ECG could be performed. Numerous heating packs and warm IV fluids along with several blankets were used. The patient was transported to a hospital where he was treated for hypothermia. I believe the above incident was successful due to the teamwork and professionalism of the Franklin Fire and Police Departments. This call demonstrated what can happen when a crew along with the Franklin Police Department can accomplish when they all work together in unity for the common good of the Community

~ Tony Psichulis, Firefighter, Franklin Fire Department

January 18, 2012

To the members of the Greenfield Fire Department,

On Saturday, January 7, 2012, a team from your department responded to my 911 call that my husband was unresponsive when I went to wake him up for breakfast. (4005 W Hillcrest).

You may already know that Michael passed away later that day from intracranial hemorrhages. I cannot express fully how appreciative I am for the care that you gave Michael that morning. I am a nurse, and have participated in more codes than I care to count. I want to tell you that the care and team work I observed Saturday morning rivaled any that I have observed or participated in. And the conditions that you work in are far less conducive than in a hospital setting. Poor lighting, furniture in the way, king size bed, none of these things kept you from what you needed to do and did do.

I knew that Michael's condition was worsening very quickly, and probably in my mind knew when you left with him in the ambulance that he would not be coming home. As I have reflected on that day, your care of Michael has stood out in so many ways, and I just want to say thank you from the bottom of my heart.

Sincerely,

Lani Ziller
4005 W. Hillcrest Dr #103
Greenfield, WI

Cc: Mayor Michael J. Neitzke
Fire Chief John Cohn

*A special thank you to ERMED for sponsoring
the Comedy Sportz entertainment this afternoon.*

2900 W. Oklahoma Avenue
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AuroraHealthCare.org



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