

**LCEMS POLICY BOARD**  
**MEETING MINUTES**  
**December 7<sup>th</sup>, 2022**

**Members Present:**

Chief Barry Cousino  
Chief Allison Armstrong  
Chief Mike Ramm  
Chief Brandon Loboschefski  
Chief Tony Parasiliti  
Chief Kevin Bernhard  
Chief Josh Hartbarger  
Chief Clayton O'Brien  
Mayor Richard Carr  
Dennis Cole – nonvoting member  
David Lindstrom, M.D. - nonvoting member  
Matthew Heyrman – nonvoting member

**Representing:**

Springfield Twp. Fire Department  
Toledo Fire Department  
Sylvania Twp. Fire Department  
Maumee Fire Department  
Jerusalem Twp Fire Department  
Monclova Twp Fire Department  
Whitehouse Fire Department  
Oregon Fire Department  
City of Maumee  
LCEMS Director  
LCEMS Medical Director  
Lucas County Commissioners

**Absent:**

Mayor Michael Sefarian  
Trustee Robert Bethel  
Mayor Donald Atkinson  
Trustee John Jennewine  
Mayor Wade Kapszukiewicz  
Chris Goliver, M.D.

City of Oregon, Mayor  
Springfield Twp. Trustee  
Village of Whitehouse, Mayor  
Sylvania Twp. Trustee  
City of Toledo  
Hospital Council of NW Ohio

**Attendees:**

Chief Doug Meyer  
Brent Parquette  
Schuyler Beckwith  
Rob Siebenaler  
Stacey Mitchell  
Zak Reed  
Chris Nye  
Jonathon Ziehr  
Nick Sauber, M.D.  
Kirk Keane  
Robert Deleon  
Kristie Gallagher  
Becky Kunzler

Waterville Fire Department  
LCEMS QA  
LCEMS  
180th  
RCOG Director - Zoom  
Toledo Fire Department  
Sylvania Twp Fire Department - Zoom  
Springfield Twp. Fire / LCEMS – Zoom  
Mercy / Toledo Fire Med Director - Zoom  
Toledo Fire Department  
Mercy - Zoom  
ProMedica Metro ED's – Zoom  
ProMedica Flower - Zoom

## **Call to Order**

The meeting was called to order by Chief Cousino at 8:30am

## **Minute Approval**

The meeting minutes from October were distributed for review. Chief Lobo moved to approve Chief Ramm second. All Approve.

## **Committee Reports**

### **Paramedic Committee**

The draft minutes from November Paramedic Committee meeting were distributed for review. Chief Ramm reviewed the minutes.

### **Medical Committee**

The draft minutes from Monday's Medical Committee meeting were distributed for review. Chief Cousino reviewed the minutes.

### **CE Update**

Brent said the 2022 schedule is complete. New schedule for 2023 went out to Chiefs. Will ask for assistance from department chiefs to make sure folks sign up and stick to that schedule.

Brent discussed a protocol change that happened in the last week: d50 is being replaced with d10, Brent will cover this in January CE but info has gone out to the Chiefs for dissemination.

### **EMS Billing Update**

Dennis gave a billing update. November 2022 revenue is \$326,178.17 which brings the YTD revenue to \$3,918,955.06. Subtract Dec of 2021 so that revenue is actually YTD \$3,614,680.96.

### **Lights and Sirens**

Schuyler will send code 3 white paper out right after this meeting. Chief Cousino believes that will give folks time to read it considering it is nearly 100 pages long.

Chief Lobo asked how ProQA aligns with our protocol. He believes our current protocol covers most of this. Dennis said these protocols are local. Chief Armstrong said when we discuss this we're only talking about from the scene to the hospital and this could affect dispatch to the scene. Dr Sauber asked if the CAD shows us normal traffic? Dennis said it's just distance.

### **Open Discussion**

Matt Heyrman discussed how the conversations have gone over the last couple months about changes in our system. Want to make sure we don't move too fast but will continue conversations in Jan. Model for medical direction is being discussed and structuring CE in a way that makes the most sense. County will continue to work with folks to try and come to resolution

to make sure system is sustainable long term. Chief Meyer said looking at putting a group together to look at potential policy change. Do we want to make task force from group of fire chiefs or should the policy board create the task force? Chief Ramm asked how to change policy? Policy Board gives recommendation to County Commissioners and they make the decision. Policy Board is forum for that discussion. Makes most sense to be having this conversation in Policy Board or a subcommittee of the Policy Board. Chief Cousino wants to make sure to involve medical direction, some of the line people in those discussions.

Chief Bernhard said that five years ago we voted on a subcommittee. Don't believe it designated members of the subcommittee. Chief Meyer asked for discussion on who would be on the committee. Chief Ramm said he would be on it. Every community should have representation. 13 Chiefs should be invited. Chief Cousino is concerned that these conversations are happening but don't seem to be super productive. Should we have three operating chiefs and three non operating chiefs which gives a fair chance to represent all interests. Chief Lobo said there are several silos that need to be focused on, need folks who can focus on those separate topics. Dennis said anything that relates to how patients are received at the hospitals needs to be run through the Medical committee. Could refer these silo issues to those subcommittee that are already set up – medical and paramedic committee. Who are the voting members of both of those committees? Traditionally Med committee has rep from each ER, that person has a vote. Need to clarify who are voting members of each committee. Paramedic committee is a representative from each lifesquad. Can have those committees start the conversation on these two issues and will clarify who voting members are.

Dr Sauber said ERs probably don't understand the scope, not sure they understand they have a vote. Put onus on them to make sure they're at the table to be active participants in conversation. Dr Lindstrom clarified that ER physicians have a vote, not ER managers. Chief Lobo made motion to make a subcommittee with reps from all 13 agencies and they will invite others for discussion. Chief Ramm second. All approve.

Welcomed Chief O'Brien, new chief for Oregon Fire.

Dr Lindstrom wanted to discuss bypass and diversion. When not on EMS red alert and patient need is on the west side but the destination is east side – clarify that it is appropriate to send that rig across town. Load sharing only happens on red alert. Initially talked about regionalizing but that's only for red alert. Dr Lindstrom believes a patient should be taken to an open ER. Dr Sauber said it often happens that most hospitals are on bypass so downtown gets hammered and lifesquads end up having to drive long distances. End up with regional saturations of ERs. Has anyone seen units staying at a hospital for 20-30 minutes because there are literally no beds? Doesn't seem to be happening here often. Chief Bernhard is saying that it's happening more often now that patients get transported across the county. Chief Meyer said they're transporting to UTMC more often. Dennis said they're working on an agreement with Mercy Perrysburg and hopefully they will come online in the next two weeks. They are concerned about an influx of patients when Lucas County hospitals go on diversion. Should start tracking these incidences and discuss solutions in Medical Committee. Is there a way for the COG to track that metric, maybe anything greater than 20 minutes? Hospital Council tracks when hospitals close and when red alerts happen. Jon Ziehr said these delays often happen while they're driving with a patient in the

rig. Dr Lindstrom updated the group that they are having peds specific conversations about where to take them. Jon Ziehr gave an example of incidents where family was willing to sign AMA so they could take their family member to their preferred hospital that ls couldn't transport to because it was closed and the ls couldn't contact that hospital to give them a heads up that the patient was on their way there.

Ralph said departments need to self report when they have longer transports. Chief Cousino said departments can pull info from diversion tab in ESO. Jon Z can work with Ralph to pull from CAD the hot spots for long time transports to visually see the differences. If we can identify that it's happening more often than originally thought we can make changes as necessary. Identify regions more commonly affected. Continue to follow policy as is but will track data and forward to medical committee for discussion.

Move this next meeting to the Wednesday after Medical committee so move from 1<sup>st</sup> to 8<sup>th</sup>.

### **Adjournment**

Chief Ramm motioned to adjourn Chief Armstrong second at 9:44am.  
The next Policy Board Meeting will be held on February 8<sup>th</sup> 2023.