

Medical Committee
Meeting Minutes
October 3, 2022

Present

Chief Mike Ramm
Todd Brookens, M.D.

Nick Sauber, M.D.
Tom Boggs, M.D.

Staff

David Lindstrom, M.D.
Brent Parquette
Schuyler Beckwith
Dennis Cole
Mark Briggs
Aiden Yoon

Representing

Sylvania Fire
ProMedica / Sylvania, Maumee, Springfield
Medical Director
Mercy / Toledo Fire Medical Director (Zoom)
McLaren St Luke's

Medical Director LCEMS
LCEMS QA/QI
LCEMS
LCEMS Director
LCEMS CE
LCEMS CE

Attending

Kirk Keane
Josh Gwin
Greg Szumegala
Matthew Homik
Jonathon Ziehr
Martin Fuller
Jim Dusseau
Kristie Gallagher
Zak Reed
James Hancock
Chief Chris Nye
Stephen Zohn, M.D.
Julie Harsh
Robert DeLeon
Tim Scott

Toledo Fire
Promedica
Toledo Fire
Monclova Twp Fire (Zoom)
LCEMS / Springfield Twp. Fire (Zoom)
Whitehouse Fire (Zoom)
Maumee Fire
ProMedica Metro ED's (Zoom)
Toledo Fire
Promedica
Sylvania Twp Fire Department (Zoom)
Mercy (Zoom)
ProMedica (Zoom)
Mercy (Zoom)
(Zoom)

Call to Order

Chief Ramm called the meeting to order at 8:32 a.m.

Minute Approval

The minutes from the June 6th meeting were made available for review. Dr Brookens motioned to approve the minutes Dr Lindstrom second. All approve.

Old Business

Discussion on home health care with Promedica, Dr Brookens let us know that it has been shut down. Will try to get it started again down the road but did not have folks to staff it.

Discussion on Paramedic Committee, those minutes were distributed for review. Issue with UT switching to EPIC, seemed to go smoothly.

In process of moving to operative IQ, an electronic inventory system, that will help streamline inventory and accountability and reporting. Brent is covering OpIQ in January CE for all departments.

Code 3 responses – Dr Brookens was wondering about a policy to limit code 3 response with a patient on board. Dr Lindstrom said the county does not have a policy for that. It has been discussed and was referred to fire chiefs meeting. Do transport units have a front facing camera? Dennis said no. Dennis was at the chiefs meeting but this was not discussed, Chief Ramm said he will bring it up. Dr Brookens mentioned a white paper about lights and sirens, put out by NAEMSP, Sky will send out white paper with next notice. Crews can make decision to go with normal traffic, this is a policy board question.

Dr Lindstrom mentioned that St Lukes was doing away with OB program. He has communicated that we need notification in writing, waiting on that. Dr. Boggs said he has the letter. STEMI and RACE program have been on diversion because of lack of RACE staff, no interventionist group covering them. Dr Boggs said St Lukes has lost a lot of IR staff, he doesn't see them coming off of RACE diversion any time soon. Have been accredited for stroke patients recently. Reach out with issues so he can review. Really tough to deal with because of their unique location, to have this service discontinued is a disservice to the community. Have lost several services, radiology team is leaving, OB services are gone. Any EMS issues please contact Dr Boggs. STEMI bypass occurs because of staffing issues, trying to increase communication with senior leadership. October 23rd at midnight METCO transitions to APP, transition staff are in place.

New Business

Aiden mentioned issues on LS 10 with UTMC ED staff. Seems like after give radio report, transport and arrive, always a surprise that they're there and no one knows where the patient is supposed to go. The whiteboard used to be used to assign arriving patients a room, but it hasn't been used recently. Had a RACE positive patient this morning and no one knew they were coming. Dr Boggs will touch base with UTMC folks.

Dr Brookens said it is curious that a paramedic cannot make a decision to transport pediatric patients based on status and bypass. But they can make decision to bypass a freestanding ED.

Should have ability to make clinical decision in the field. Dr Lindstrom said that any full service ER that has inpatient beds except for UT is able to do pediatric admissions. Don't have protocol for pediatric diversion. Challenge is how we are treating Toledo and St Vincent. When you're a 24/7 pediatric ER the hospital will be classified as such Toledo is not 24/7. Paramedics on our Life Squads cannot make those decisions but all other paramedics in the county can. Dr Sauber asked if there is an ability to patch both hospitals in while giving med report. No way to do two at the same time. Ralph said yes it's physically possible but if open up that door it makes things too complicated. Won't know who to answer. How often are you calling the facility that needs to be bypassed and they say "no bring that patient to us" he's sure it doesn't happen often. May be worth talking to non-specialty hospitals to see if the facilities would be ok with that. Bay Park and Flower do not take any pediatric admissions. St Charles does not do that either.

Dr Brookens brought up hypertension and specializing for a lifesquad, asked if that is necessary? Is there anything more that a life squad can offer on the scene? Dr Lindstrom said the EMS re organization committee is working on these types of questions.

Dr Brookens heard that nasal intubation may be coming back and wanted to advocate against it. A lot of people are on blood thinners, would advocate for medication facilitated intubations rather than nasal. Use ketamine which is on all the lifesquads now.

Dennis discussed the microwave system. The system is getting old, looking at solutions to fix or go a different direction. Looking at wireless system with ATT Firstnet. Can set up cellular service between LCEMS and hospitals. Priority and pre-emption, still connect to consoles. Microwave is point to point but with new technology can do that same thing for a lot cheaper and still have the reliability. Need to start having these conversations. Functionally, the dedicated cell phone would ring dispatch to hospitals.

Zak Reed asked if hospitals are easing up on mask requirements for paramedics entering the facilities. Dr Sauber said most Mercy facilities are recommending masks but not requiring. Dr Lindstrom will reach back out to hospital council to see if hospitals can unify in this approach.

ProMedica approached Dr Lindstrom on bypass issues. Josh from ProMedica said Beth Estep said no one goes on EMS bypass unless it's an MCI or failure, pushed forward to metro CNO and president to start discussion on that. Looking at referring processes and how to get discharged patients to see PCP in 24/48 hours to minimize re-admitting patients. Have capability from telehealth perspective just need to figure out how to staff that. Opening annex area at Toledo for urgent care type patients. Looking closely at how to minimize EMS bypass. Dr Brookens said it might be good for medical committee to come up with a policy or memo to release to all admitting hospitals. No ER bed, no nursing staff and no doc is the criteria for bypass. Has worked well until COVID.

Kristie Gallagher said she agrees that the medical committee should release a statement about not doing EMS bypass. Dr Lindstrom said he thinks we shouldn't abandon diversion but will request HCNO to work with LCEMS to form a work group to explore diversion systems further.

Adjournment - With no further business, motion to adjourn at 9:32am by Dr Brookens, seconded by Dr Lindstrom. All approve.

The next Medical Committee meeting is scheduled for December 5th at 8:30 a.m.