

Medical Committee
Meeting Minutes
October 6, 2008

Present

Chief Barry Cousino
Todd Brookens, D.O.
David Miramontes, M.D.
Cheryl Herr, R.N.
Kris Brickman, M.D.

Representing

Chairman – Springfield Twp. FD
Toledo Hospital
Mercy Health Partners – TFD
Nurse Manager’s Association
UTMC Hospital

Staff

David Lindstrom, M.D.
Gary Orlow
Brent Parquette
Pat Moomey

Medical Director
EMS Manager
EMS QA/QI
Communications Manager

Other

EMS Chief Martin Fuller
Rob Martin
Francie Bondy, R.N.

Whitehouse Fire Dept.
St. Vincent’s Life Flight
St. Charles Hospital

Absent

Mary Beth Crawford, M.D.
Kenneth Chelucci, M.D.
Pat Mattevi, M.D.
Lucas Delatore, M.D.
Rod Standiford (primary)
Matt Homik (alternate)

St. Luke’s Hospital
St. Anne Mercy Hospital
Bay Park Hospital
Flower Hospital
Paramedic Committee
Paramedic Committee

Call to Order

Chief Cousino called the meeting to order at 8:33 am.

Minute Approval

The minutes from the September 15, 2008 meeting were made available for review. With no corrections, the minutes were approved as printed.

CE

Brent reported CE scheduled for October has been moved to December due the Board of Elections using the Training Center. December's CE will have the web portion of the EPCR, the King airway and medical chart review. The schedule for 2009 will be sent out in the next week or two. Brent reported it will have all the dates, but not all the topics.

Old Business

Dr. Lindstrom reported the NIH Trial Research Program utilizing ResQPOD and Pump will not be moving ahead. Dr. Lindstrom reported Brent went to Minnesota to see the research animal lab.

Brent reported Dr. Keith Lurie (sp) is a very well know researcher in resuscitative measures. Brent reported he is a firm believer in the active compression/decompression and the rescue pump will become a future standard of care. Brent reported while in the lab they put a pig in cardiac arrest and performed compression/decompression and the pig's response was dramatic.

Brent reported they have some new items coming out and they want to utilize our system to trial their products. Currently the ITPR (intra thoracic pressure regulator is similar to the ResQPOD. In the exhalation phase it vacuums out the gas in the chest. Brent reported the look towards the future is the automated compression device, i.e. Lucas. The emphasis again is on good CPR. Brent reported Dr. Lurie is very involved as he sits on the American Heart committee reviewing CPR Standards and looking at each new procedure that comes along.

Phillips – Brent reported he met with the Phillips representative. The hospital component still needs to be addressed with each STEMI facility providing IP numbers, fax numbers and e-mail addresses where EKG data will be transmitted.

Trauma Triage Protocol – Chief Fuller asked if the hospitals are all onboard with the language regarding the way they call in the trauma.

Dr. Lindstrom reported there is a growing discussion with the Level 3 Trauma Centers and their possible loss of trauma patients. With the State EMS Board's adoption of geriatric criteria LCEMS has accomplished the training in the available time window. The RPAB has not met to discuss this issue. Dr. Lindstrom reported we are not the only county to have three levels of trauma destination, citing Cleveland and Cincinnati also have Level 3 trauma centers and he has not found out how they are dealing with the geriatric patients in their systems. Dr. Lindstrom reported the State of Ohio recognizes 4 levels of trauma. The State wants geriatrics taken to trauma centers but it's not defined to which level. Our protocol was to move towards what the State appears to be moving towards. Dr. Lindstrom reported the State created the protocol which then goes to each Regional Physician Advisory Boards (RPAB) for their input, which goes back to the State.

New Business

Dr. Miramontes asked where EMS was in regards to the wish list for 2009. Dr. Miramontes asked if the easy IO and King Airway had been added. Brent reported a number of items have been added to the Line Item Bid List. Dr. Lindstrom reported line item bid list is being reviewed to consolidate some equipment. Gary Orlow reported if we receive what were suppose to receive for our budget, we will not be replacing vehicles. Also being revisited is the discussion on soft billing and if this happens, it will allow us to upgrade our equipment, protocols and medications. A discussion ensued regarding items to be added, i.e., saline locks, twin packs, Catapril, EZIO and devices such as Lucas and newer Life Paks.

Dr. Lindstrom reported the paramedics will be learning the use of the King Airway in December's CE, but due to budget constraints he is not sure when they will be purchased. Dr. Lindstrom requested a "heads up" to be given at a nurse/manager's meeting.

Dr. Lindstrom reported that when the web portion of the EPCR goes live, we have the opportunity to do a web based QA. Dr. Lindstrom reported we will be working with the fire departments work flow process to identify the chart's insufficient data areas. The document process is to sent back to the department's QA officer or chief and the to the paramedic for correction/completion and then to be returned to LCEMS. Dr. Lindstrom reported he had a meeting with Toledo Fire regarding this. The difficulty will be tracking the outcomes on these charts. In addition adding information to the charts regarding the QA process and yet not to be discoverable. This will be a multiple month process. This will involve the Hospital ED medical directors and the nurses who need to be able to get a paper copy. Dr. Lindstrom added Zoll is making changes to the WebPCR repeatedly to update it's operability.

Dr. Miramontes reported Toledo Fire has developed criteria for utilization of ALS intervention in some problematic areas, such as chest pain including the State geriatric changes.

Pat Moomey reported the dispatch EMD Clawson cards had some significant changes. One of the major changes was with CPR pre-arrival instructions increasing to 100 compressions as well as the geriatric trauma piece. But a lot of the changes were minor.

Next Meeting and Adjournment

The next Medical Committee meeting will be Monday, December 1st at 8:30 am. With no further business, the meeting was adjourned at 9:16 am.