

Medical Committee  
Meeting Minutes  
April 4, 2011

Present

Chief Barry Cousino  
Kristie Gallagher, RN  
Todd Brookens, MD  
Bob McCarthy  
David Miramontes, MD  
Captain Jeffrey Romstadt  
Paul Rega, MD for Dr. Brickman  
Daniel Schwerin, MD

Representing

Springfield Township Fire Department  
Toledo Hospital Emergency Center  
Toledo / Flower Emergency Centers  
Great Lakes Emergency Nurses Council  
Toledo Fire / Mercy Health Partners  
Toledo Fire Department  
University of Toledo Medical Center EC  
Mercy Health Partners / EMS Fellow

Staff

David Lindstrom, MD  
Dennis Cole  
Brent Parquette  
Pat Moomey

Medical Director LCEMS  
LCES Director  
QA / QI / CE  
Communications Manager

Absent

Mary Beth Crawford, MD  
Kenneth Chelucci, MD  
DomianKandah, MD  
Pat Mattevi, MD  
Cheryl Herr, R.N.  
Rod Standiford (primary)  
Matt Homik (alternate)

St. Luke's Hospital  
St. Anne Mercy Hospital  
St. Charles Hospital  
Bay Park Community Hospital  
St. Luke's Hospital / Nurse Manager's Assoc.  
Paramedic Committee  
Paramedic Committee

Call to order

Chief Cousino called the meeting to order at 8:32 am

Minute Approval

The minutes from the February 7, 2011 meeting were made available for review. Minutes were accepted as written.

## CE Update

Brent summarized the topic matter/educational material being presented in the continuing education program. February CE included a presentation on CO poisoning and in-service training on the new LP 15. Rod Standiford (Sylvania Fire Department) presented information on Children with Special Health Care Needs during the month of March with skill station emphasis on pediatric emergencies. Rod's lecture was very well received and reflected in the class evaluations. April CE will be a review of Trauma Triage and the parameters for patient's meeting Trauma protocol.

## Protocols

Brent reported that he is awaiting the return of the updated pharmacy license with Zofran added. Zofran will be carried in two formats for use – an oral dissolving tablet and IV injectable. Zofran also has the ability to be given intranasally (IN) as well.

Dr. Lindstrom reported on the potential use of IN Narcan in the field. This would require a higher concentration of medication in a smaller volume of fluid. Moving to this type of packaging would increase the cost of dosing (approximately \$32 per dose). With Narcan being carried in two different concentrations, training would have to emphasize the correct packaging to use for IV versus IN dosing to keep costs at a minimum. A run query will be performed to get a better handle on the number of times Narcan is utilized in the field, and what type of impact a change in packaging would have. Dr. Lindstrom also asked of the meeting attendees if there was any experience with IN Narcan use in the hospital setting. Dr. Miramontes stated that there is a much better safety profile when Narcan can be given intranasally to cut down on the risk of needle sticks and exposure-related problems.

Dr. Lindstrom reported that ACLS training will take place in the month of September 2011. There remains a continued emphasis on constant continuous chest compressions with no interruptions. LCEMS is moving towards an automated CPR device (LUCAS 2) which gained approval from the LCEMS Policy Board. Delivery of devices is anticipated within 30-60 days.

During ACLS training the "TEAM" leader concept will be stressed for approaching the scenario of cardiac arrest in the field. With the addition of automated CPR, scene manpower can be adjusted to fit the needs of the arrest patient and timely requirements for interventions. Hospitals will be updated as LCEMS moves towards LUCAS 2 deployment.

## Old Business

CirQLator – Dr. Lindstrom reported that all of the CirQLator devices given to LCEMS have been used with follow up on patients completed. 2 patients discharged with favorable outcome and data forwarded to Dr. Lurie for review. CirQLator application has proven to work well in improving ability to achieve ROSC, however late deployment by a chase vehicle may not be working with highly non-viable patients.

Cooling Collars – Dr. Lindstrom reports we are not having a great amount of success with deployment in cardiac arrest, with the collar only being applied a third of the time. Use of the collar in cardiac arrest has been emphasized in CE and was brought to the attention of the Policy board at their last meeting. The importance of tympanic temperature measurements pre/post therapy was also stressed. The question was raised as to how hospitals were doing temperature measurements with a mixed response received (i.e., tympanic, esophageal, bladder, axillary etc.). Dennis raised the question of evaluating effectiveness of cooling collar application vs. our standard approach with chilled saline and whether the collar would be an item that we would continue to fund and/or provide.

LP 15 Update - Brent reports that the LP 15's have been deployed and are in use by all LCEMS life squads. The following update was reported regarding the LifeNet Receiving software at the hospitals:

- UTMC: On-Line
- SVMCMC: In the process of alert client training
- St. Lukes: No movement
- Toledo: Awaiting installment of dedicated PC
- Flower: Testing data transmission. Should be on-line shortly
- Bay Park: On-Line

The LifeNet software allows for a true STEMI alerting/tracking system for the hospital. Dr. Lindstrom raised some concern regarding the set-up within the target facilities to make sure the ECG is routed to the right individuals. (Cath Lab, Cardiologist on-call).

Other Studies – Dr. Lindstrom briefly spoke of ongoing studies with Sodium Nitroprusside in cardiac arrest along with an automated CPR device. Good outcome data to date from the porcine lab. Possible field trial in the future in which LCEMS may become involved.

Syringe / Infusion Pumps – Dr. Miramontes asked if there had ever been discussion of moving towards syringe or infusion pumps in the field. With a number of vasoactive drugs used in the field it would make sense to have a device that is pre-programmable to accomplish drips in the field very quickly. Dr. Lindstrom stated that pumps have been discussed in the past but a concern about training and proficiency is a concern.

### New Business

None reported

### Adjournment

With no further business, the meeting was adjourned. The next meeting is June 6, 2011 at 8:30.