

Medical Committee
Meeting Minutes
October 1, 2012

Present

Chief Barry Cousino
Paul Rega, MD for Dr. Brickman
Bob McCarthy
Daniel Schwerin, M.D.
Kristie Gallagher, R.N.
Zak Hussain, M.D.
Cheryl Herr, R.N.
EMS Chief Martin Fuller
Captain Mark Benadum

Representing

Springfield Township Fire Department
University of Toledo Medical Center EC
Great Lakes Emergency Nurses Council
St. Vincent Mercy EC
Toledo Hospital EC
St. Anne Mercy Hospital
St. Luke's Hospital/ED Managers
Whitehouse Fire
Toledo Fire EMS Bureau

Staff

David Lindstrom, MD
Dennis Cole
Brent Parquette
Pat Moomey

Medical Director LCEMS
Emergency Services Director
QA/QI/CE
Communications Manager

Absent

Mary Beth Crawford, MD
Domian Kandah, MD
Todd Brookens, MD
Pat Mattevi, MD

St. Luke's Hospital
St. Charles Hospital
Toledo / Flower Emergency Centers
Bay Park Community Hospital

Call to order

Chief Cousino called the meeting to order at 8:35 am

Minute Approval

The minutes from the April 2, 2012 meeting were made available for review. The minutes were approved as written.

CE Update

Brent gave a recap of a change taken place before the summer regarding the ICE protocol citing the hospital change that all cardiac arrest patients go to a STEMI hospital. This started in July. Brent reported in September the implementation of CPAP use with COPDers. ER change is that paramedics will use it on patients with Asthma, Chronic Bronchitis and Emphysema. They can be nebulized through the mask. Also expanded on the use of Capnography as well.

Dr. Lindstrom reported the intent is to recognize respiratory failure early. Dr. Lindstrom cited anesthesia has been using capnography a long time. The system is being aggressive with it.

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Dr. Lindstrom reported paramedics questioned why they were doing this. It was to show them what the CO² levels mean. It gives guidelines in ventilatory compromise and it's an extra tool.

Protocols

Brent reported there were changes in the ICE Protocol, CPAP and Weapons of Mass Destruction with the use of DuoDote™ (Atropine and Pralidoxime Chloride Injection) Auto-injector

Old Business

Drug Shortage - Dr. Lindstrom reported on the drug shortage issue on LCEMS side. Dr. Lindstrom reported Fentanyl has come in. Dr. Lindstrom said we had added Dilaudid to our protocols in lieu of the shortage of Morphine. Our supply of Fentanyl is good and Morphine okay. When there was a shortage of Versed, we pulled the supply off the first responders who carried the 4 and 8 minute bags about nine months ago. We now have the added supply in stock. Based on prior usage patterns we could put it back on the first responders. Dr. Lindstrom now it is a tracking issue and internally try to work out the process to log the usage. Then we have to talk to the different departments to see if they want to do this and abide by the tracking process. We are trying to figure out the logistics of the process.

Dr. Lindstrom reported Epi was on the short list for cardiac dosing levels. Dr. Lindstrom said LCEMS would be okay through September and that we modified a process in case we ran out.

Brent reported 500 just came in.

Triage Tuesday – Brent asked if there was any movement regarding Triage Tuesday. None noted.

Smart Bag – Brent reported this has been put on the back burners due to other issues.

Cervical Immobilizer – Dr. Lindstrom reported hospitals were repeatedly frustrated with the use of towels for collar immobilization. The Annex found some material to make synthetic rolls. Dr. Lindstrom said paramedics were complaining that it created waste and a land fill issue. Dr. Lindstrom asked those present if there were any issues on the hospital side with this. None reported.

Physician in the Street Program – Dr. Lindstrom reported that he, Dr. Brookens and Dr. Schwerin respond to EMS calls. This process is given to selected advanced second and third year EMS residents. If they have done their EMS orientation they can use county vehicles. The County just purchased two new Tahoes. Dr. Glick, a St. Vincent resident is doing this now through June. Dr. Lindstrom reported Brent and Jon Ziehr also use the vehicles and respond to some of the runs. The residents out of UTMC program use the MedCorp vehicle which belongs to Dr. Valerie Lint. Some of the paramedics are questioning if the residents use that vehicle if a magnet could be put on it to know they are residents. Dr. Lindstrom also explained the residents are cleared to do on-scene medical control, they can not change the destination, they can participate in the report and can ride with the patient to the hospital.

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Dr. Rega asked if two doctors can respond to an incident. Dr. Lindstrom said they should not. Dispatch will cancel one if they know two are going. Also residents will not be going to anything other than LCEMS runs. Dr. Lindstrom also mentioned when he meets with the residents for the first time they are told how the system works and they are there to watch how the systems works and if a role is needed for them to help they can jump in if asked.

Cardiac Arrest – Dr. Lindstrom reported he received a phone call from a doctor at St. Charles regarding cardiac arrest patients being taken to the STEMI hospitals. Dr. Lindstrom said he explained to him that the volume was low, about 1 cardiac arrest a day, perhaps 45% back with a pulse and transport about 45% of those patients, others are worked in the field and pronounced so this is down to about 150 cases being transported. History shows them going to the larger hospitals anyway which have 24/7 STEMI centers ICE capability. St. Charles concern is they started an ICE program in the last 3-4 months. They don't have 24/7 cardiology intervention currently. Dr. Lindstrom said currently all cardiacs go to STEMI hospitals.

Plavix – Dr. Lindstrom reported NWOCC approached with the concept of adding Plavix to our pre-hospital protocol. Dr. Lindstrom said he would be glad to look at it if you could get all the cardiologists on board. Dr. Lindstrom said he will wait another six months to see what develops.

Narcan – Dr. Hussain asked if the paramedics know about the use of Narcan regarding patients with opiates on board. Dr. Lindstrom reported when patients have mental status changes and are compromised, the protocol they go by uses 4mg Narcan and they are not taught to titrate. Dr. Hussain reported there are some cases he thinks it is not needed. Dr. Lindstrom asked him for specific cases and send back to him for review. Brent reported that titration of Narcan is taught during CE classes, however, it is not specifically written in the protocol in print.

Cardiac Arrests/Cath Lab – Chief Fuller cited a case of a cardiac arrest patient he had and bring the patient to the hospital he thought should go to the Cath lab. Dr. Lindstrom reported that it is up to the cardiologist on call.

New Business

EMS System Exploration – Dr. Lindstrom reported the Policy Board sub-committee group is looking at the system. Meeting together with fire chiefs and other individuals interested. Chief Cousino mentioned there is the intent to bring in a facilitator as well.

St. Anne Hospital – Brent reported paramedics are complaining that St. Anne is turning away patients. Dr. Hussain reported his PA's mentioned that as well, that patients on backboards they don't want. Dr. Hussain said that there were three diversions in July and 8 or 9 in August and September, the majority peds and very few traumas. Dr. Hussain said the nurses do not divert the doctors do. Dr. Hussain also reported they feel cardiac arrest patients should go to a STEMI hospital.

Adjournment

With no further business the meeting was adjourned at 9:17 a.m. The next meeting is scheduled for December 3, 2012 at 8:30a.m.