

Medical Committee
Meeting Minutes
April 6, 2015

Present

Chief Barry Cousino
Deborah Graham, R.N.
Julie DiCecco, R.N.
Kristie Gallagher, R.N.
Erich Pontasch, M.D.
Todd Brookens, MD
Cheryl Herr, R.N.
Chief Jeff Kowalski
Paul Rega, M.D.
Deanna Monanaro, R.N.
Dr. Kellen Bannon
Syed Zaidi, M.D.

Representing

Springfield Fire Dept.
St. Anne Mercy Hospital
ProMedica – Toledo Hospital
ProMedica Toledo Hospital – EC
St. Anne Mercy Hospital
Toledo / Flower Emergency Centers
ProMedica St. Luke’s Hospital & ED Managers
Sylvania Fire Dept.
UTMC
UTMC
St. Vincent Mercy Medical Center
UTMC & TTH

Staff

David Lindstrom, MD.	Medical Director LCEMS
Dennis Cole	Emergency Services Director
Brent Parquette	QA/QI/CE
Jonathan Ziehr	CLEMS CE Administrator

Absent

Jerome Lewis, M.D.	St. Charles Mercy Hospital
Pat Mattevi, MD	ProMedica Bay Park Community Hospital
Thomas Boggs, MD	ProMedica St. Luke’s Hospital
Daniel Schwerin, M.D.	NWO EMS – St. Vincent Mercy Hospital

Call to order

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

Minute Approval

The minutes from the December 1, 2014 meeting was available for review. The minutes were approved as written.

Old Business

St. Anne – STEMI – Dr. Pontasch gave an update on St Anne’s STEMI program. Dr. Pontasch reported St. Anne has been performing open heart and elective caths since August, 2014. Dr. Pontasch reported St. Anne will accept LCEMS declared STEMI’s beginning April 7th at 8:00

a.m.. Dr. Lindstrom asked about ICE and Dr. Pontasch reported St. Anne's is able to continue ICE therapy as well as post-cardiac resuscitation therapy.

Chief Cousino asked if the cardiologists will automatically be sent the 12-lead via smart phone? Dr. Ponstach reported the EC doctor will manually transmit selected ECGs to the cardiologist on call.

Spinal Immobilization – Chief Cousino asked if there has been any feedback regarding the new spinal immobilization procedure. Brent reported no feedback at all. Dr. Lindstrom reported that the State of Michigan has implemented a state-wide protocol that is going into service this spring.

Pulse Point – Dennis reported we are doing “stuff” with it, but it is not in place yet. Dennis said we are waiting for the interface to be installed and have no start yet. Dennis also said once installed and before it goes live, it will go to a “sandbox”. Relative to the concern expressed by the chiefs, information will only be shared for public address locations and not for private residence calls.

New Business

Stroke Diversion – Dr. Lindstrom reminded the committee that LCEMS has been looking for the correct timing to consider implementation of a diversion protocol system for strokes that would benefit optimally by diversion to facilities with neurointerventionalists. In the past these specialists have not felt ready for a stroke diversion process to be implemented. Dr. Lindstrom and staff from LCEMS recently met with neurointerventionlists Drs. Jumaa and Zaidi. Drs. Jumaa and Zaidi now report that based on recently published studies they recommend LCEMS consider a stroke diversion protocol targeting diversion of large vessel strokes to interventional capable hospitals.

Dr. Lindstrom introduced Dr. Zaidi. Dr. Zaidi reported TPA has been used the past twenty (20) years for stroke patients. Dr. Zaidi reported there are four large studies around the states and they have adopted a protocol from the Pittsburg area EMS. Dr. Zaidi said they have started working on a scale to identify stroke patients with large vessel occlusions. Dr. Zaidi said EMS personnel will identify a stroke using the Cincinnati score and the RACE stroke score to make the decision of bypassing. Dr. Lindstrom reported LCEMS currently performs the Cincinnati stroke score but components of the RACE score will be new. Particularly challenging with the RACE Score training for EMS is the nuances of gaze deviation, aphasia and agnosia. Dr. Zaidi indicated that he and Dr. Jumaa are ready and willing along with the resources they work with to support the training of this modified scoring tool to LCEMS providers. A lengthy discussion ensued.

Dr. Zaidi reported there are two groups of neuro interventionalists covering UTMC, St. Vincent and Toledo Hospital. Both groups support such a change.

The window for identifying and treating stroke has been extended to twelve hours. Dr. Zaidi reports that with progressive delay in intervention the outcomes deteriorate significantly.

Dennis asked the physicians present if they are supportive of a diversion protocol for stroke? Dr. Pontasch reported he is “gun ho” to get the patient to the appropriate place and have no problem with the diversion. Dr. Brookes is supportive. Dr. Lindstrom is supportive. Dr. Rega said he would like to read the data first, but probably with reading the material he would be for it as well.

Dr. Lindstrom said he will get the information out to the committee to go over the material and will call later to get a vote.

Medications – Brent reported LCEMS will be implementing some new medications and new technology in the field. 1) LCEMS is adding Ketamine for the agitated delirium patients with the training planned for May. The paramedics will be able to give the medication either intranasally or intramuscular. 2) LCEMS is introducing TXA (Tranexamic Acid) to be used in hemodynamically unstable bleeding trauma patients. Training is scheduled for May. 3) LCEMS will be adding the CyanoKit on the life squad. This will be used in patients that are unconscious from house fires and for firefighters that are overcome in fires. The kit costs \$800.00 a dose. The burn center and major trauma centers have confirmed that they have in stock the Cyano-kit as well and will be able to provide follow-up dosing as appropriate.

Active Decompression CPR – Brent reported LCEMS is evaluating the use of the cardio pump and when used together with a dedicated specialized EMS ventilator will have significant increase in survivability. Brent said we will be training all the first responders in the next two months.

Remote Ischemic Cardiac Conditioning is an intervention LCEMS is evaluating for treatment of ACS and STEMI patients. The blood pressure cuff is placed on the thigh will be pumped up to 200mm HG for 5 minutes four times and the thigh ischemia reportedly will release mediators which are active in reducing the size of the infarct. The full treatment course is completed after the four courses of inflation and may often be completed by the paramedic providers prior to arrival at the STEMI facilities.

Free Standing ERs – Brent reported he is getting a lot of questions from the paramedics regarding free standing ER's. They are asking if we are going to be transporting to these facilities. Dr. Pontasch is the Medical Director for the one opening at the King & Central Ave. location. A topic for later discussion.

Adjournment – With no further business, the meeting was adjourned at 9:35 am. The next Medical Committee meeting is scheduled for June 1st.