

Medical Committee
Meeting Minutes
April 10, 2023

Present

Chief Barry Cousino
Tim Scott, MD
Tom Boggs, MD
Dan Kemple, DO
Alisa Roberts, MD
Julia Benfield
Andrea Donahue

Representing

Springfield Twp. Fire
Mercy (Zoom)
UTMC/McLaren St Luke's (Zoom)
ProMedica / Monroe County Med Director (Zoom)
ProMedica (Zoom)
UTMC (Zoom)
ProMedica Maumee FS (Zoom)

Staff

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

Medical Director LCEMS
LCEMS
LCEMS Director
LCEMS / Sylvania Fire
LCEMS CE
LCEMS CE
LCEMS / Springfield Twp Fire

Attending

Chief Allison Armstrong
Chief Mike Ramm
Chief Matthew Homik
Kirk Keane
Tammy Ohrt
Kristie Gallagher
Greg Szumigala
Zak Reed
James Hancock
Cheryl Herr
Jillian Sampair
Tom Yunker
Sean Powers
Ralph Shearn
Stacey Mitchell
Derek Francis
Martin Fuller
Chief Chris Nye
Kimberly Campbell
Robert DeLeon

Toledo Fire
Sylvania Fire
Monclova Twp Fire
Toledo Fire
Toledo Fire
ProMedica Metro EDs
Toledo Fire
Toledo Fire
ProMedica Maumee freestanding (Zoom)
McLaren St Luke's (Zoom)
Mercy St Vincent Resident (Zoom)
Washington Twp (Zoom)
Mercy Life Flight (Zoom)
RCOG
RCOG Director
Monclova Twp Fire (Zoom)
Whitehouse Fire
Sylvania Twp Fire Department (Zoom)
(Zoom)
Mercy (Zoom)

Call to Order

Chief Cousino called the meeting to order at 8:34am. Chief Cousino stated the purpose of the Medical Committee – a group of medical directors and hospital emergency departments have an opportunity to come together to discuss issues in the county emergency system.

Minute Approval

The minutes from the February 6 meeting were made available for review. Dr. Boggs made a motion to approve, seconded by Dr. Kemple. All approved.

Old Business

Cheryl from St Luke's McLaren gave an update about on the hospital closure. This is her last meeting after 38 years with St Luke's. Official closing date May 15. May 1st will be last patient being admitted and last two weeks ER will operate at free standing ED and will continue to take patients. If they needed, they will transfer to another facility. STEMI no longer in place. No OB related patients. Can handle stroke but if intervention is required they will transfer. Surgery ending soon, will let folks know. Dr. Lindstrom said their communication on this has been very good and huge thanks to Cheryl for years of participation and representation. She is looking at going to Perrysburg ER. She hopes paths will cross again. Cheryl said she has been working on what will happen with the helipad and says it will remain active but mainly to transport.

White paper on code 3 response has been distributed. Dr. Lindstrom said most medical directors are in agreement with the paper, next step comes from the fire chiefs. They need to make a decision about how to deploy their assets. Further discussion with Fire Chiefs.

Jon Z had been working on extended care facilities and their frequent request for ALS.

Fire/EMS TAC has been having conversations about how the RCOG fits into this modernization. A subcommittee was formed. Dennis gave an update on the microwave system. Microwave system will go away by the end of 2023. Hospitals still using the microwave phones will need to provide a dedicated EMS phone in the ED to replace microwave phones. We are assessing the current system of communicating assessment to hospital EDs to see if we can make it more efficient. Second part is looking at how transports communicate with hospitals. Looking at moving away from EMS Dispatch calling hospital EDs by phone and then patching transport to the ED by radio. We are assessing the option of having EMS transports contacting directly on their dedicated hospital talk group. P&R working with Mercy Perrysburg to resolve some radio alerting issues so we can do a trial period with them to see how this works. Based on that demo we can pass out info to other hospitals. Dr. Lindstrom asked which hospitals need to get a dedicated phone? Dennis said they can use any phone, cellular or landline phone, it just needs to be in ED dedicated to receiving calls from dispatch. Dennis said he would send info out to hospitals directly.

Need to discuss who has the recordings for these calls. Mercy said they are keeping recordings and they said they would provide it if it is requested by the transporting department. Dennis asked ProMedica's position on providing recordings. Other option is radios; we record those communications. Each hospital now has own talk group. Issue is how the ER department control flow with a radio. Stacey added that although the recording is happening in this building every fire department has access to the recording and those requests should be handled by each jurisdiction. Craig said he likes the way dispatch works now; having that initial screening is

helpful to crews. The only thing that could change is the assignment of med channels. Tammy from TFD said crews concern is that life squad might be put on backburner waiting for a BLS call to finish up. Dennis said they have talked about this and the priority of incidents. This should be handled by radio etiquette; someone could break in to a call and say they have a critical patient. Dr. Lindstrom said radio etiquette does not always work during busy times. Dr. Boggs said he and medical directors should have this discussion and weigh in on their opinions about the functionality of taking this away from dispatch. During a crisis, it is not uncommon for an ER to have multiple squads with different needs. Shifting this responsibility to the ERs would be a mistake.

Dennis said as a part of this assessment, also asking if every transport needs communication with med control. Discussion with hospital EDs is they would prefer communication of all transports coming to them. Chief Cousino said it is important that medical directors discuss all those pieces. Dr. Kemple said not having BLS contact would be a terrible idea. He agrees, system works and shifting that responsibility to the ER's that are already overtaxed would be a mistake. Cheryl made that same point, the radio report helps staff prepare. Dr. Roberts said by giving us a heads up we try to prepare a room whether the staff knows what the patient status, they try to prepare in some way. Julia from UPMC said she has given rooms over radio, hugely important to have that communication. Dr. Boggs said there is rarely a case where the ER would tell the paramedics not to treat patients per medical protocols.

Ralph said the RCOG is checking other similar size dispatch systems in Ohio center on their practice of assessment, Columbus has 23 facilities that they transport to, not one of them involve dispatch for med control. They all go direct. Chief Armstrong said she does not think anyone is suggesting no communication. Would argue there is room for improvement in current system. She thinks we over communicate now and people get fatigued and folks are not listening when it is important. Chief Cousino said there is a subcommittee working on this. Kristie said yes, they do want to know about all folks coming in but communication can be shorter especially for stable patients. Aiden said he used to work at an ER in Columbus and for that to work the report has to be very short especially when volume is large. Need a dedicated person on the radio directing traffic. Dr. Boggs said this is an education piece and will have to work with Medical Directors on that. Changing the length of reports, whichever way the EMS modernization goes, would be beneficial. Chief Cousino said will keep folks informed, as trial gets under way.

New Business

The draft contract amendment to allow one EMT and one Paramedic to operate life squads was brought up for discussion. Dr. Lindstrom is an advocate for this change but we need to resolve operation issues with Pharmacy Board. Dr. Kemple agrees. We have so many medics in Lucas County. Medics are trained to operate without a medic partner. Dr. Boggs is in favor of this change also. Dr. Roberts said she does not have a problem with it either. She came from Youngstown where they operate that way. Have to make sure that most qualified person is taking care of the sickest patients. Chief Cousino said it is good that everyone is on board, will be looking at this issue at the 10:30am Policy Board meeting. Will help provide better ALS coverage. Craig said he is concerned that right now is not a good time; need to do it after updating protocols. We have a lot of paramedics but he is not sure they are placed appropriately to provide the best care. Currently have nothing in our protocols to address an EMT Basic on a life squad. Need to address our narcotics policy to address having a basic on a life squad. We are lacking in our basic education. Dr. Lindstrom said two drivers are that if it is not in contract chiefs cannot make changes. This will give them the flexibility. This will help increase ALS units that can respond. Chief Cousino agrees that we are moving forward quickly but still have

time to address some of these issues. Can look at collective training program to provide that appropriately. Chief Lobo is getting a group together to have these conversations. Dr. Lindstrom said that BLS does need some work and that would fall on respective fire departments BLS Medical Director to make sure it is being addressed. The Paramedic supervises the EMT Basic on the rig, working on details about who needs to be listed on the license etc. Chief Cousino said will keep everyone informed as we move forward. Looking at the amendment today at Policy Board to help Chief Hartbarger because he had a Paramedic retirement recently.

Open Discussion

No Open discussion.

Adjournment - With no further business Dr. Kemple motioned to adjourn, Dr. Lindstrom second. Adjourn at 9:34am. Next meeting will be June 5 at 8:30am.