

Paramedic Committee
Meeting Minutes
May 11, 2009

PRESENT

Chief Daryl McNutt
Acting Captain Ken Kantura
Ed Herrick
Chief Brian Byrd
Billie DeShetler
Tim Treadaway
Mike Armstrong
Allison Amrstrong
Dan Desmond
Mark Mullins
Rich Ellett
Chad Premo
Brian Dotson
Rob Martin
Kenan Mylander

REPRESENTING

Whitehouse Fire
Toledo Fire EMS Bureau
Toledo Fire EMS Bureau
Toledo Fire
Toledo Fire
Toledo Fire – LS3
Toledo Fire
Toledo Fire
Toledo Fire – LS2
Oregon Fire – LS8
Maumee Fire
ProMedica
Whitehouse Fire – LS9
Life Flight
St. Vincent Emergency Center

STAFF

Dennis Cole
David A. Lindstrom, M.D.
Gary Orlow
Brent Parquette
Pat Moomey
Al Moenter

Emergency Services Director
Medical Director
EMS Manager
QA/QI
Communications Manager
Annex Supervisor

ABSENT

Gina Shubeta
Robert Kendrick

Sherry Watson
Jodi Livecchi
Tracy Stanford
Keith Mooseman
Chief Charles Flack
Matt Homik
Mark Briggs

Toledo Fire
Toledo Fire – LS5
Sylvania Twp – LS6
Nurse Manager – Flower EC
Springfield Twp – LS10
Washington Twp. Fire
Waterville Fire
Jerusalem Twp. Fire
Monclova Twp. Fire
Ottawa Hills

Call to Order

Chief McNutt called the meeting to order at 9:05 a.m.

Minute Approval

The minutes from April 13, 2009 meeting were available for review. Brian Dotson made a motion to accept the minutes which was seconded by Dan Desmond, Motion carried

Old Business

20 minute out of service - Chief McNutt reported at the last Policy Board meeting. The report on the 20 minute out of service time was discussed. One option discussed was to send a letter to the nurse managers expressing a timely manner in the transfer of care of EMS patients to the ED personnel. (attached) We are also looking at other areas. Chief McNutt reported the Policy Board discussed sending Commissioner Konop an invitation to attend the next Policy Board meeting for him to give his vision of the countywide EMS system.

Dennis Cole stated the paramedics need to note how long it takes for the patient transfer. Dennis discussed the possibility of recording patient transfer in CAD. We are exploring this.

Brent reported he was at the last nurse managers meeting where this letter was discussed. They are willing to work with us the best they can.

Motorola - Dennis Cole reported personnel from Motorola were here last week to work on the modem issue. They can replicate the problem and are taking it back to the lab to address it.

Tim Treadaway asked if the GPS tracing was working? Dennis Cole reported yes and invited any of the committee members to visit dispatch to see it operate.

Action Area - Al reported after discussing the issue of drugs in the action area with Brent and Dr. Lindstrom, they have developed two boxes. One of the boxes holds the ALS meds and the other box holds convenience items, i.e, glucose, ASA. (Inventory list attached) These boxes will be locked and tagged. Brent emphasized the inventory piece of restocking and tagging the items.

Ken Kantura he noted in the private ambulance vehicles they have a push button combination drawer in the back of the rigs that we could use as opposed to tagging system which is cumbersome.

Al reported Springfield just acquired a new rig. In the new rig they have a lock drawer near the radio area used for drugs.

Rich Ellett made a motion to go ahead with the two trays in the Action Area. This was seconded by Ken Kantura. Motion carried.

Training

Brent reported the evaluation comments from April's CE were distributed for review. This month the paramedics will go over the protocol revisions and they will be introduced to the MAD device along with skill stations. June's CE will cover AMA and DNR issues and will continue with the skill stations. The paramedics won't have any CE in July and August and September will hold ACLS. There are 12 sessions, 8 hour long days.

Ken Kantura brought up the comment made April 14th regarding signing on the tablet and trusting their partner's documentation on run reports. A lengthy discussion ensued with suggestions of not signing on at the beginning of the shift and reviewing each chart before signing, having only the preparer sign it, print out in draft form for the other partner to read before signing or add an addendum. Dr. Lindstrom reported even if only one person signs the chart, there is documentation on procedures performed by both paramedics.

Ken Kantura cited a run report on a cardiac arrest incident. Brent reported there were several issues regarding this particular run report. Documentation and patient therapies rendered at the scene were a concern for review.

Dennis Cole reported we can't necessarily just change the software. We can make recommendations to Zoll to make future software modifications.

Dan Desmond reported there are comments from the paramedics saying there is too much too fast regarding protocol changes. Dan asked if the County has looked into the possibility of an electronic notebook.

Dr. Lindstrom reported we are looking. We have had internal discussion regarding a pocket guide, but there is the difficulty keeping it up to date. We are looking at tools to refer for protocols and med doses. Currently there is no money and looking at revenue from billing to do some of these things. Dr. Lindstrom commented there is the concern of the training issue.

A suggestion was made to have the protocols put on the tuff book with an icon shortcut to access the information.

QA – Dr. Lindstrom reported he meets with Pat and Dispatch Leads every other month. Dr. Lindstrom reported they periodically review the Clawson cards. Last month they looked at cards infrequently used, i.e, burns, anaphylaxis, fumes, electrocution and geriatric head injury. We made a change in the geriatric head injury due to the rate of cancellations. This change will create fewer dispatches.

Dr. Lindstrom reported the people who make the Clawson cards for us have made a Pandemic Card. Dr. Lindstrom reported in the MDT, a text message is given as reminder to the paramedics when they have a patient with a fever, cough, to use precautions

Ken Kantura cited an incident where their paramedics went to a scene of a sick young man experiencing the signs of the flu. The paramedics took PPE precautions. Later it was found out the child did not have the flu.

Mike Armstrong inquired if there was a policy regarding structure fires and sending a life squad. Pat reported yes. Life squads are dispatch on structure fires if there is occupancy, otherwise they are sent on stand by if requested by fire.

Open Discussion

Inverter – Rich Ellett asked if the small inverters have been taken out of the life squads and will they be put back in. Al reported some of them have been burned out and they will be replaced.

Dan Desmond asked if the letter to invite Ben Konop regarding the countywide EMS system has been sent out. Dan asked if staff had seen the request sent out by Commissioner Konop's office requesting proposals. Chief McNutt reported the invitation has been sent to Commissioner Konop to attend the next Policy Board meeting.

Dennis Cole reported the Policy Board had a lot of discussion regarding this exploratory effort. Commissioner Konop is just asking questions. Nothing is formalized.. Dennis said we always have to look at policy options and can't fault for exploring it.

Next Meeting and Adjournment

The next meeting will be Monday, **June 8th** at 9:00 a.m. With no further business, Ed Herrick made a motion to adjourn. The meeting was adjourned at 10:17 a.m.

Action Area Tray Inventory

ALS Tray Min. Max.

Vasopressin	2	2
Amiodarone	3	3
Adenocard	3	3
Atropine 1mg	4	4
Epi 10 mg	4	4
Sod. Bicarb	1	1

Convenience Tray

Oral Glucose	3	3
ASA	1	1
Albuterol	4	4
NTG (bottle)	1	1
Narcan	1	1
Dextrose 50%	4	4

To: Lucas County Hospital Emergency Departments

Attention: Emergency Department Medical Directors and Emergency Department Nurse Managers

From: Mary Beth Crawford, M. D.
Lucas County EMS Policy Board Chairman

Re: Transfer of Care of EMS patients to ED personnel

As we can all appreciate, our EMS providers are experiencing a high run volume and thus a demand for them to rapidly return to service after hospital transport in order to facilitate response to the next call.

I would like to suggest that we as Emergency Department health care providers exercise a heightened awareness of the necessity on the ED side of the equation of expediting the transfer of care of the EMS patients into a bed and the receiving of verbal communication of medical report. The EMS providers need our help to minimize their off load time, in order to be released back into the field efficiently and effectively. I recommend that we increase our awareness and establish institutional specific goals to provide them with a rapid response to the transfer of care of patients in our Emergency Departments.

We appreciate your consideration in this matter as we strive to provide continued support to our local EMS community and optimize the continuity of care for our patients.

Respectfully,

A handwritten signature in black ink, appearing to read "Mary Beth Crawford". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Mary Beth Crawford

Lucas County EMS
Noncredit Course and Instructor Evaluation
Course: Medical Emergencies
Instructor: Brent Parquette
Course Dates: April 7, 8 14, 15, 21, 22, 28, 29, 2009

COMMENTS

April 7, 2009

- Change med names to match protocols.
- Good C.E. Informational. Please repeat/review Tab 900 changes next month.

April 8, 2009

- Too much info too fast. Calculation formula in protocol is good. ePCR's suck!
- Provide written explanation of how meds work & pathophysiology in a handout form for those who wish.
- Very good up date. Brent handled questions from audience very well. Appreciate his work that he has done.
- Too much too soon for public educated individual.
- Good scenarios. Still a lot to digest. Glad we are getting the atomizer. Brent is very professional.

April 14, 2009

- It is becoming increasingly difficult to stay abreast of the sheer quantity of protocol changes (updates).
- There are times I sign on the tablet in the morning and don't trust my partners run reports. I should be tablet to access reports on web pcr to make corrections if needed. I should not be punished like another LCEMS paramedic was when they probably signed in the morning and never looked at reports. A very high percentage does this. You punish two for 1 person poor reporting and it could probably be done more. There are quite a few times I don't trust the people I get put with.
- Brent is doing a great job with protocol revisions.
- Good test!

April 15, 2009

- The new protocol forums is outstanding.
- Good breakout groups. Very informative
- Love the "hard copies" of protocols – easier to study from. Bicarb is safe even if we're not sure if tricyclic OD! Is county providing personal guides for all these changes?
- Lots of changes, please bear with us!
- Do not agree with Tricyclic scenario. – You don't just give Bicarb. Bc you find a pharm sup in bathroom – QRS normal – no dysrhythmias – terrible idea to give.
- Might have been a better use of time to do 2 scenarios in 1 station (Sz & HTN).
- Nice review – need to keep reviewing the new material.

April 21, 2009

- Excellent skill stations.
- So much new stuff at once!!! Overwhelming at times.
- We need more hands on with all of these new protocol changes.
- Please educate ER staff on how to access PCR's on line.
- Do protocols mimic Broslow?

April 22, 2009

- I like working in groups on medics from different agencies. You get a different perspective and accounts of experience. I enjoy talking to other medics and meeting medics new to the system or that I haven't met – you never know when you'll be working together.
- Why don't you print on both sides of the paper? Waste! Waste! Waste! Waste! Waste!
- Protocols confusing – not clarified well.
- As always – good stuff
- Chris & Tom did a great job filling in for Brent. Great C.E.
- Mr. Couture and instructors did a wonderful job.
- Too much to do in a 15 min assessment.
- Tom should lecture more. Can we get Tom to teach more often? Tom really gets to the point and makes it stick. Great class!!
- Nice job T. Couture!
- Wow – perhaps keeping B/P level same in all protocols & Versed 2-4 mg same all protocols.
- Very impressive! Top notch! Top notch!!!
- OVERLOAD U99! Feel like brand new paramedic again w/all the changes.
 - Protocols need to be updated on MDTs!
- Very entertaining class.

April 28, 2009

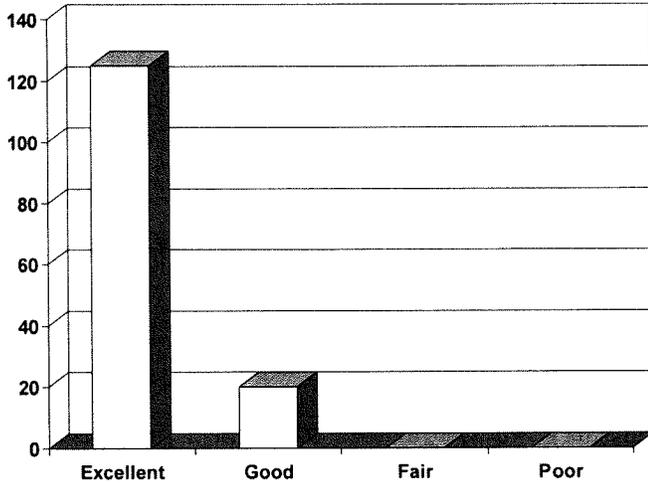
- Slow down on the changes.
- Scan the classroom more.
- We are students – stop scolding us. Tell Hopkins to stop talking.
- Stop the insanity now we have a protocol for diarrhea and nose bleeds.
- Way too many changes! No way to keep up unless riding a LS everyday!
- Good to reinforce protocols in skill stations.
- For patients in pain and able to communicate, FACES scale is appropriate. If patient is in obvious pain and unable to verbally communicate, it maybe helpful to add alternative pain scale such as those in pediatrics. (Examples – MRDD, PEDS, Deaf, language barriers).
- As always excellent CE. Like changes for the better.
- The exam was marginal acceptable at best. The reinforcement of protocols thru the skill stations format still very much acceptable. Consider distributing passing out numbered cards for correct admission into the assigned station so as to prevent unauthorized “jumping” of stations and group participatory overload.

April 29, 2009

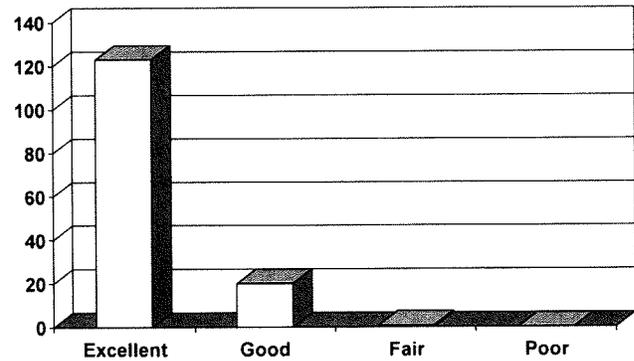
- Brain overload!
- Excellent as usual.
- Great as always!
- Good class/scenarios.
- Thanks
- Good test.
- Keep up the good work. Like the skill stations.
- Give examples of the main Tricyclic antidepressants, organophosphates, beta blockers and calcium channel blockers that are used in overdose situations/

Noncredit Course and Instructor Evaluation Medical Emergencies

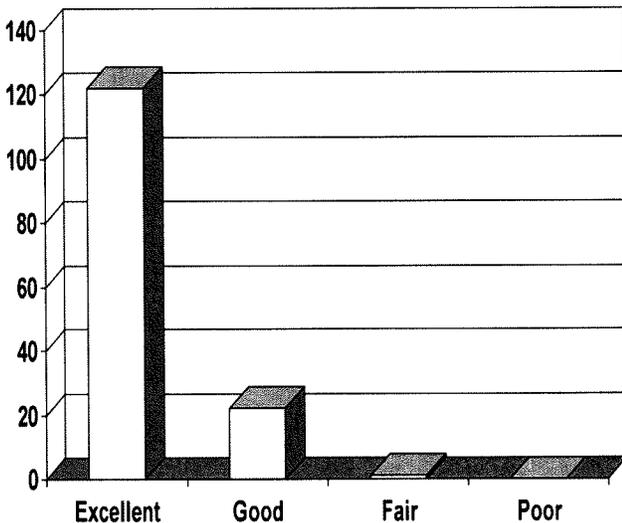
1. The course started on time



2. Course Objectives were clearly stated



3. Material was presented in an understandable manner



4. The instructor spoke clearly and loud enough to be heard



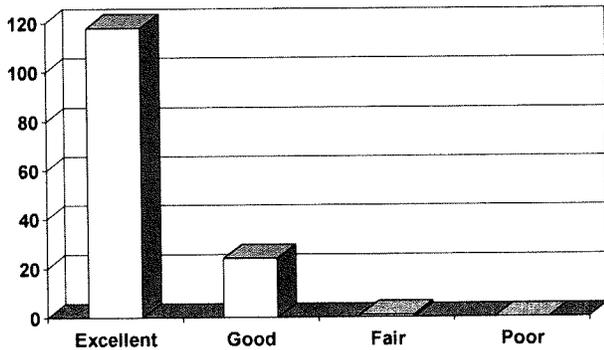
Course Dates: April 7,8,14,15,21,22,28,29, 2009

Number of Evaluations: 146

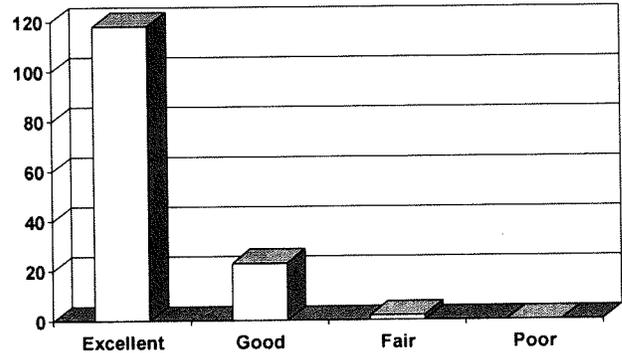
Location: Lucas County EMS

Noncredit Course and Instructor Evaluation Medical Emergencies

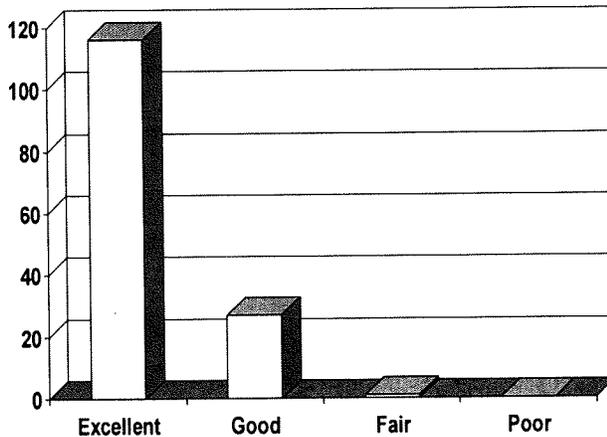
5. The instructor encouraged participation where appropriate



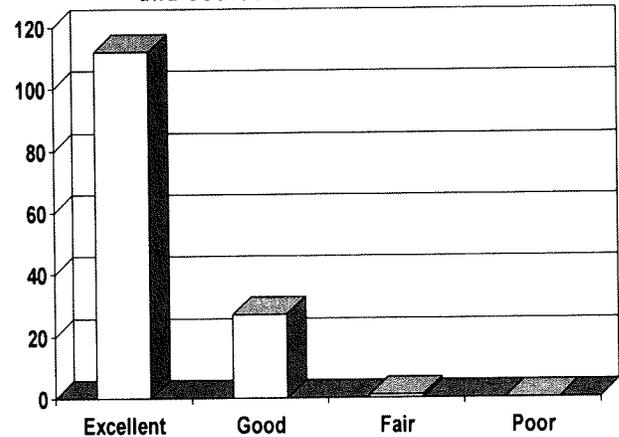
6. Handouts were easy to use and helpful



7. Rate your overall evaluation of the C.E. session



8. Did the written test reflect the objectives and course content?



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