

Paramedic Committee
Meeting Minutes
June 14, 2010

PRESENT

Chief Daryl McNutt
EMS Chief Martin Fuller
Rich Ellett
Jeff Nissen
Greg May
Jeff Hibbard
Nicole Knight
Bill Fordyce
Lt. Glenn Newman
Kenan Mylander

REPRESENTING

Whitehouse Fire
Whitehouse Fire
Maumee Fire – LS 7
Oregon Fire – LS8
Springfield Fire – LS 10
Whitehouse Fire – LS9
Toledo Fire – LS 1
Monclova Fire
Toledo Fire EMS Bureau
St. Vincent Mercy Hospital

STAFF

Dave Lindstrom, M.D.
Brent Parquette
Pat Moomey

Medical Director
QA/QI
Communications Manager

ABSENT

Tracy Stanford
Keith Mooseman
Chief Charles Flack
Mark Briggs

Toledo Fire – LS2
Toledo Fire – LS 3
Toledo Fire – LS 4
Toledo Fire – LS 5
Washington Twp. Fire
Waterville Fire
Jerusalem Twp. Fire
Ottawa Hills

Call to Order

Chief McNutt called the meeting at 9:05 am.

Minute Approval

The minutes from May 10, 2010 meeting were available for review. With no corrections, Jeff Hibbard made a motion to approve the minutes which was seconded by Rich Ellett. Minutes were approved as written.

Training

Brent reported CE comments for May were available for review. May's CE topic was chart review and environmental emergencies. Brent reported the session was all lecture, no skill stations. June CE will introduce the Sandhu cooling collar and cardiac arrest skill stations. To date the feedback has been positive.

QA

Dr. Lindstrom reported there are two or three cases he is working with the individual departments.

Old Business

Chief McNutt reported the Policy Board is not having meetings July and August and asked if this committee wanted to do the same. Jeff Hibbard made the motion to suspend meetings for the summer which was seconded by Rich Ellett. Motion carried.

Brent distributed LP15 evaluations submitted from Toledo Fire to review. Brent reported Toledo Fire and Sylvania will be given a Phillips unit to evaluate and bring back the results to September's meeting.

Dr. Lindstrom mentioned he appreciated the follow up with Toledo with their evaluations.

Rich Ellett asked for a follow up regarding Code 3 response for life squads speacial by first responders, i.e., automatic code 3 response for diabetics, hypertension patients. A discussion ensued. Dr. Lindstrom reported he will look at it in a Dispatch QA session.

Rich Ellett reported he evaluated the new Med Box. Rich commented "no", too big.

Kenan Mylander reported St. Vincent has initiated a program regarding STEMI patients in that when a paramedic calls a STEMI, the ER charge nurse activates the cath team. The hospital will look at the fall out cases and let EMS know.

Brent reported Dan Barbee from St. Vincent will give EMS a direct follow up on immediate outcomes from STEMI patients declared and transported to St. Vincent.

Marty Fuller inquired to the responsibility of OB patients. Marty mentioned his interpretation of the protocol is the staff nurse is to accompany life squad personnel to OB, not the paramedics job. Dr. Lindstrom reported this is correct. Once the patient arrives at the hospital, the patient is their responsibility.

Open Discussion

Dr. Lindstrom reported Bay Park's tower is being decommissioned and so the antenna and med base radio is being relocated. Dispatch has various "work arounds" in place so it will be seamless with the field units.

Dr. Lindstrom asked if there were any problems regarding the tornado. It was mentioned there was a communication issue with EMS Dispatch not receiving updated information regarding the

incident and EMS Dispatch being asked by transporting units which hospital to transport to. LCEMS Dispatch was not asked for any hospital transport information from the scene by the Transport Officer.

Kenan Mylander reported St. Vincent recently had some violence in the parking lot. They have initiated a plan if this were to happen again, life squads will be directed to the life flight entrance under the direction of a staff member.

Dr. Lindstrom reported the topic of tasers came up for discussion at the Policy Board meeting. LS6 had an incident and wanted clarification as to the life squad's role. Dr. Lindstrom reported EMS does not have a policy regarding taking out the barbs. Paramedics do an assessment and contact med control. There are no tests, x-rays, it's a gray area.

The question was raised about the delivery date for the new life squads. Brent reported November and the other four to be ordered for delivery after January.

Next Meeting and Adjournment

With no further business, the meeting was adjourned at 9:52 a.m. The next meeting will be held Monday, **September 13th** at 9:00 a.m.

Lucas County EMS
Noncredit Course and Instructor Evaluation
Course: Environmental Emergencies & Chart Review
Instructor: Brent Parquette
Course Dates: May 4,5,6,11,12,18,19,25,26, 2010

COMMENTS

May 4, 2010

- Thank you for speaking up to silence back of class.
- Zoll problems are a serious issue the problems need fixed now.
- Provide list of references to study from for test. Have people asking questions speak up. Have course of treatment reviewed after talking about drowning/near drowning & diving accidents. Keep bringing Tom back to lecture!
- Diving experts would explain the medical symptoms involved with the patients.
- Too long! Wow!
- Good enough.
- Excellent presentations, we could do case studies (especially mine) till the cows come home. Tom's presentation was especially enlightening, as if they could be improved on. I have included a visual aid on the back of this form.
- If type I & II decompression sickness occurs after 240 minutes @ q depth of at least 30 ft. how big does the air bottle be? Do they use the old air hose? Other than that, great job!
- Tom needs help with diving. Maybe a dive instructor or hyperbaric doc can stop in and help.
- Scuba diver info could be more accurate good diving info resource for diving emerg. Through divers alert network (DAN) Duke University Medical Ctr.
- TFD section pretty "chatty" tonight.
- This was painful
- Keep Tom Couture & Co doing more lectures. Need snacks
- Like the snake bite add'l info.
- Good as usual

May 5, 2010

- Heat emergency slides & charts too small to see from audience. Trash pickup & vacuuming during CE was very rude!! Toledo Fire still talking during lecture
- People need to stop talking when inst is talking.
- It needs to be reiterated to flush saline locks after administering medication especially D50.
- TFD attendees who are disruptive and disrespectful to the instructors and other students should be identified by those instructors and should not be given credit for those C.E. hours. Have the cleaning crew come in after class, PLEASE.
- I want to be like Tom!
- How about more 9-1 CE's or 8-1. If Maumee cannot make 8am – let them come in the afternoon or at night or get a 15 min trade in the a.m. We changed the 8 to 9am for 12-15 medics, bring back 8AM for everyone else in the county that changes shift at 7AM.
- Power Point font needs to be larger. Needs to be more 9am – 1pm CE's.

May 6 , 2010

- Our 1st responders are taught that a BP under 120/80 is “hypotension”. My own normal BP runs 90/60. If you are entrusting the ResQGard with TFD basic EMT’s, I sincerely hope there is adequate teaching about Symtomatic Hypotension vs simply looking at the numbers. *In regards to recording meds//allergies – list on meds 99% of the time are given to ER. Nurses/Dr. DO NOT look to LCEMS run report for a “list of meds”. Most lists are already in pt records at their choice hospitals anyway. *Case #2 was an excellent run report w/adequate charting. However, I am disappointed that it was “picked apart” and actually found things wrong with it because although it painted a distinct impression of possible pulmonary edema – the actual “word” wasn’t written??!! Ridiculous. If you dislike “chief complaint” as “Hypotension”, then why is it an option to click? Other than these noted complaints – rest of CE/teaching was very good. (Brent & Tom).
- It is what it is! Like the EKG review of documentation.

May 11 , 2010

- What can be done to get King Airways to first responders?
- Couture needs to lecture more.
- Real good C.E.! Good review of the charts.
- Way to go Couture – Now I’m all freaked out bout all this talk of spiders crawlin in my mouth when I’m sleeping and then being 4ft away at any given time – WTF, I hate spiders!
- Thanks! Good chart review.
- Good review.
- Better learning w/annotated answers key don’t have to try to look up answers takes too much time.

May 12 , 2010

- C.E. always good! Glad to hear bees don’t release histamine.
- Good case reviews to review protocols.
- Nice job as always! Keep up the good work.
- Very good info on case review. Will help in future documentation.
- Cookies.
- Note: red background with white letters is difficult to see. (Heat Emergencies)
- ePCR’s suck!
- Add patient movement’s button to ePCR
- Good review. More day classes. Maybe less reports but spend more time on them and use pcr to show where buttons to improve report.
- More 9-1 CE sessions please!
- Is it possible to put a case scenario on the web site w/all necessary info present to complete a run report – I think so. Could each LCEMS medic take this info and create a report at a computer terminal in the county using the LCEMS patient reporting system and submit that report to you for review. This could happen 1-2 times a year and replace a pretest or post test. We each have an ID# that could be part of our run# to identify us to

you. This would be good for the people who do not run as often or drive a lot. Not sure if this is possible.

May 18 , 2010

- Very hard to sit for 4 hours of lectures.
- Learned a lot from all areas discussed.
- Tom was sometimes hard to hear.
- During medical chart review, it would have been helpful to view the “billing process” or documenting the signatures from the Zoll program. This could be reinforced by seeing it performed on the tablet shown on the smart board. Also, there were questions from the chart review where sections/or drop down sections can be found.
- Lecturing only makes class drag on—loss of focus – learning retention decreased.
- Lecture preparation by Couture was lacking. Very rare occurrences.
- Good environmental review. Thanks, Tom!!
- If documentation is so important (it is) consider going back to 30 min o/s @ ER!! The extra 10 min. may pay huge dividends someday during a deposition or lawsuit.
- Zesty!
- Tom did great job making a dry subject tolerable and fun. Learned some new insect trivia. Good run review. I’m coming to all CE’s with a can of Raid.
- A little dry.
- Proper documentation would be more feasible with 30 min before coming into service.

May 19, 2010

- Thanks – good info on heat emerg. w/upcoming summer season.
- Documentation cannot be efficient & thorough with 20 min in service time! It will not improve until that changes. When my 20 mins is up, my report is done – period!
- Going over run reports is great!!! Documentation is not a problem for the slower rigs. When you are a FASTER squad and documentation gets HARDER you are going to get bad documentation because of lack of time. There is a huge difference. Documentation will continue to suffer until proper time is allowed. People on city rigs just try to close out the run and that will not change. There is a difference between doing 4 runs a day and 10-15 runs.
- Too much is expected with the amount of equipment & protocols. The documentation portion is IMPOSSIBLE to be done completely with only 20 minutes.
- Thanks for the breaks, but it was still difficult to stay engaged for the duration of the CE due to the content. Maybe we need the breakout sessions?
- Good lectures!
- Thorough case reviews. Good job.
- Good review on patho! Good organization and lecture!
- Good CE although sunny & warm outside.

May 25 , 2010

- Very informative CE
- Enjoyed having a lecture only CE!
- Well done → need an upcoming session to be dedicated to 12 lead EKG physiology and interpretation.
- Good month for easy lecture day

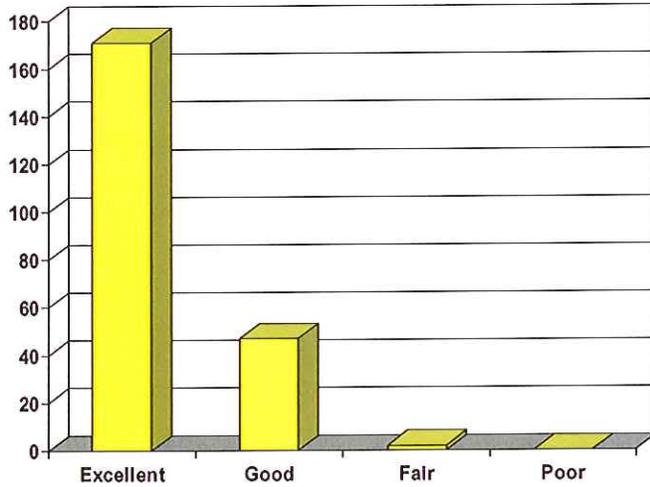
- Chart reviews – great way to critique! Tom provided an excellent entertaining lecture!
- I believe the part about controlled team efforts be maintained @ cardiac arrests was a very good one. I suggest assigning a team leader @ AM roll call as designated team leader when manpower allows it @ the scene. Much like designating someone a “writer” or “driver”.

May 26 , 2010

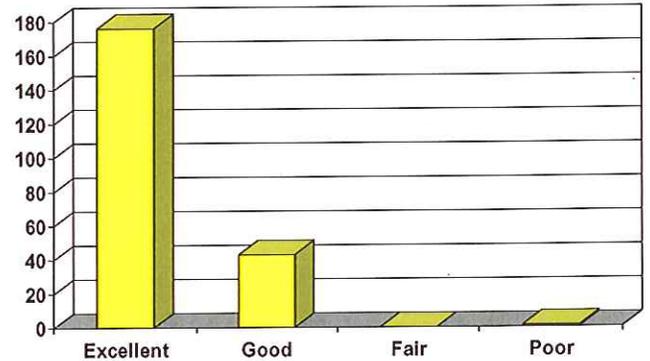
- No good explanation on Zoll/pcr – Brent did not allow us to discuss the deficiencies of the Zoll.
- Would it be possible for dispatch to give benchmarks on all arrests pts? If not, LCEMS dispatch @ best the FR dispatches.
- I would like to know pt outcome or some of the runs we review if possible.
- Ok

Noncredit Course and Instructor Evaluation Environmental Emergencies & Case Review

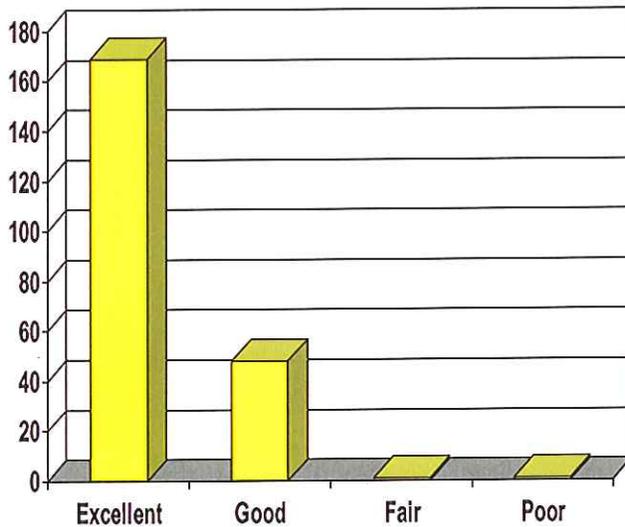
1. The course started on time



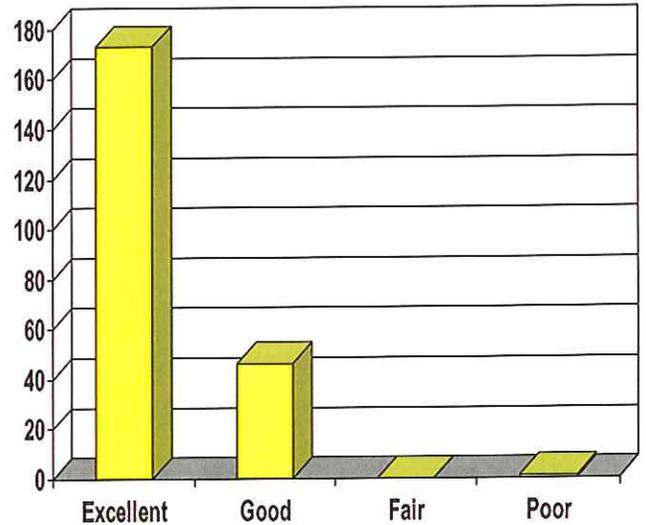
2. Course Objectives were clearly stated



3. Material was presented in an understandable manner



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



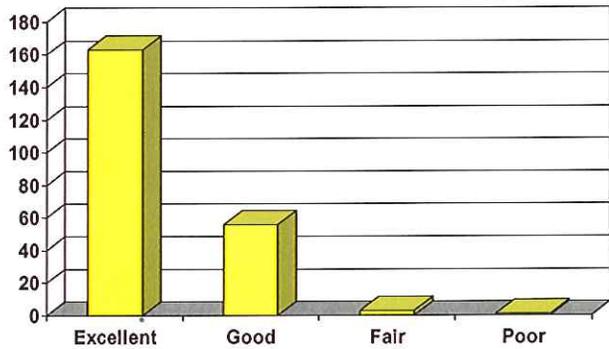
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Number of Evaluations: 220

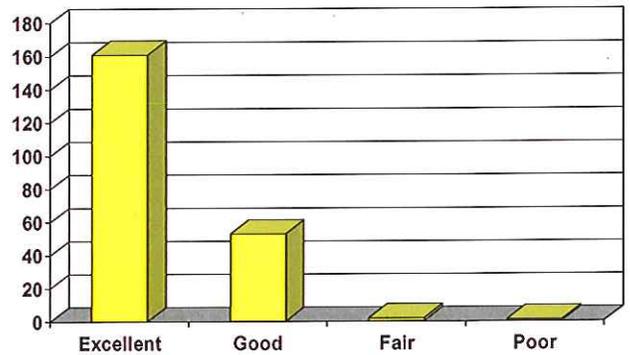
Location: Lucas County EMS

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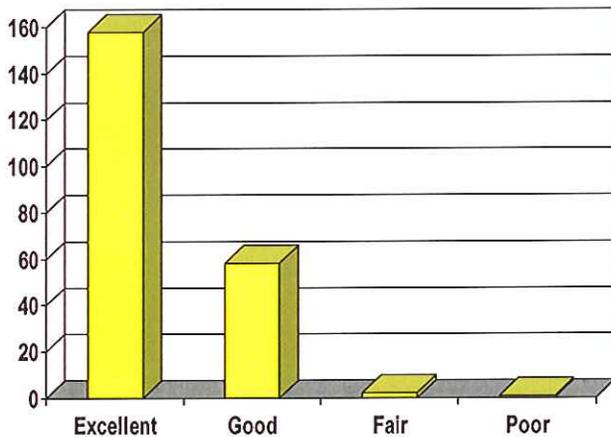
5. The instructor encouraged participation where appropriate



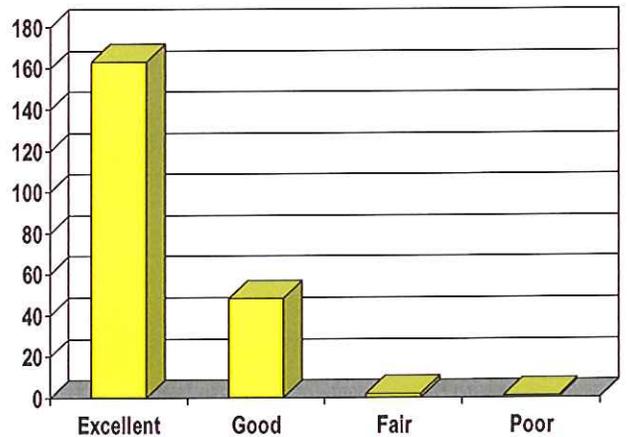
6. Handouts were easy to use and helpful



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



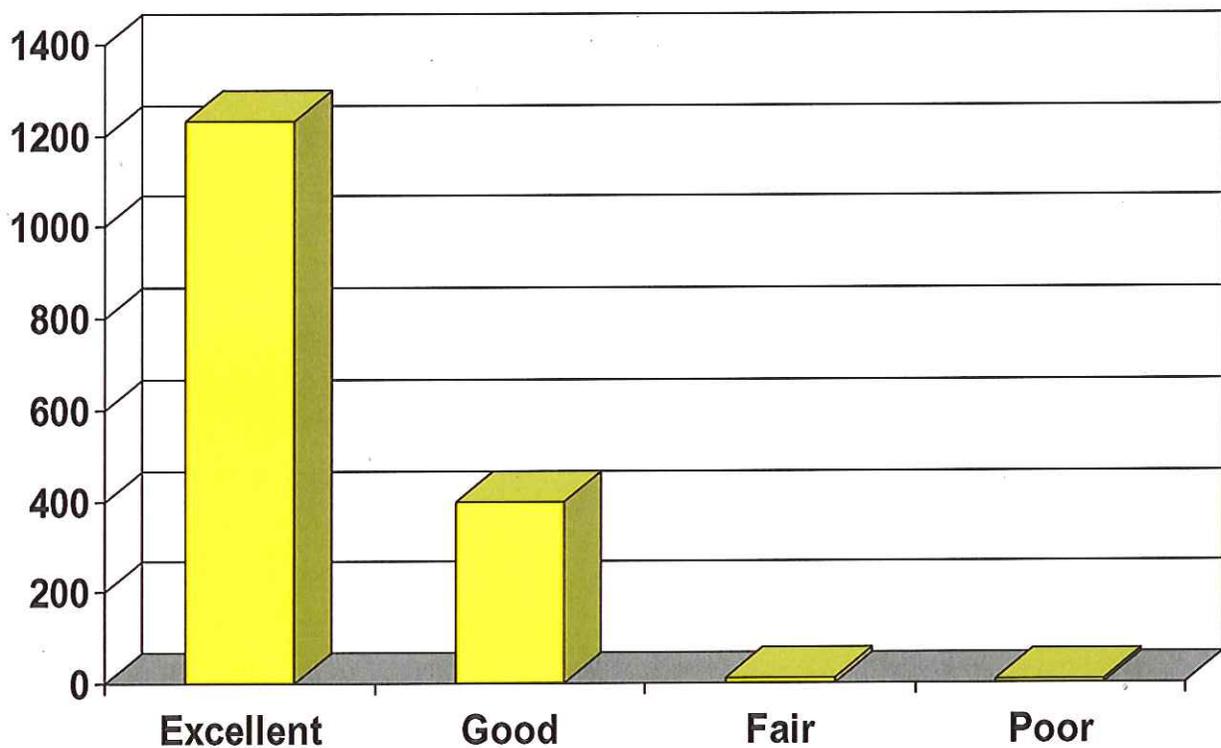
8. Did the written test reflect the objectives and course content? Not applicable



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Summary of All Responses to All Questions



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