

Paramedic Committee  
Meeting Minutes  
May 9, 2011

PRESENT

EMS Chief Martin Fuller for Chief McNutt  
Chief Jeff Kowalski  
Chief Rick Helminski  
Dr. Daniel Schwerin  
Rich Ellett  
Lt. Terrence Glaze  
Tony Santiago  
Dennis Kookoothe  
Frank Mangotic  
Craig Koperski  
Brian Dotson  
Tim Treadaway

REPRESENTING

Whitehouse Fire  
Sylvania Twp. Fire  
Springfield Fire  
St. Vincent Medical Center  
Maumee Fire – LS 7  
Toledo Fire EMS Bureau  
Toledo Fire – LS5  
Toledo Fire – LS5  
Toledo Fire – LS5  
Sylvania Fire – LS6/LCEMS Annex  
Whitehouse Fire – LS 9  
Toledo Fire – LS3

STAFF

Dennis Cole  
Brent Parquette  
Pat Moomey  
Loren Boykin

Emergency Services Director  
QA/QI  
Dispatch Supervisor  
EMS Dispatch

ABSENT

Tracy Stanford  
Keith Mooseman  
Chief Charles Flack

Toledo Fire – LS1  
Toledo Fire – LS2  
Toledo Fire – LS 4  
Oregon Fire – LS 8  
Springfield Fire – LS10  
Washington Twp. Fire  
Waterville Fire  
Jerusalem Twp. Fire

**Call to Order**

The meeting was called at 9:02 am. by Chief Fuller

**Minute Approval**

The minutes from April 11, 2011 meeting were available for review. The minutes were approved as written.

## **Training**

Brent reported the CE comments from April were made available to review. April's CE was on trauma triage with skills stations. May's CE is with Dr. Lindstrom and chart review along with a protocol test. June's CE will be a abbreviated review of 12-lead along with hands-on with the LUCAS device.

## **Old Business**

Coolers – Dennis reported we have ordered 4 new Engel coolers and they seem to be working okay. Craig reported they are on mounting plates in the rig. Rich Ellett commented they do not have a recessed plug and it can be an issue. Dennis reported he will not order anymore until he sees these are working.

Connectivity – Brent reported we are aware there are still connectivity issues with the tablet and Life Pak and IT is working on it. Brent said it's the tablet not the Life Pak. Brent also reported rebooting the computer does help and realizes this isn't always the best thing. Brent asked the paramedics to continue to call with the problem and that he could come out and see if he can fix the problem.

Uploading – Rich Ellett reported that when he went to upload his report, there was no option to pick. Brent reported it's a licensing issue and when pairing up you sometimes have to wait.

12-lead transmissions – Chief Fuller inquired into our standing with 12-lead transmissions with the different hospitals. Brent reported all but St. Luke's is on board.

## **New Business**

Hospital lockers – Tim Treadaway asked if the equipment lockers at Toledo and St. Vincent were going to be replaced anytime soon because they appeared to be beat up. Marty commented he's found St. Luke's locker opened at times and with the lock on top. Marty also reported he has found face sheets lying around in the EMS room and this is a HIPPA violation. He said he will turn them over to the clerks, but he's not sure who is doing it. It was reported it couldn't be LCEMS because we don't collect them anymore.

Rich Ellett asked if the lockers at UTMC and St. Luke's be stocked heavier. He noted they seem to run out of backboard straps and saline locs most of the time. Also suction canisters.

Additional Life Squad – Dennis Kookoothe reported with the movement of LS 5 from Central to Ottawa Hills, Toledo districts are being stretched out and has the County thought of the possibility of adding another life squad or the movement of other life squads?

Loren Boykin reported Dispatch doesn't always dispatch the closest appropriate. They try to dispatch to the municipality in which the life squad sets if they are in service.

Dennis Cole reported there has been recognition of some of these issues. Dennis said we are managing resources based on the action Toledo took to move LS5. Dennis said he has had discussions with chiefs promoting 12 hour cars.

Dennis reported the projected revenue from billing is down 1 million from last year. One of the issues noted from MED3000 are narratives missing from the reports. Medicare requires reports to have meaningful narratives in order to pay. Another issue is the face sheet. Hospitals are having a uniform issue recognizing who has brought the patient to the hospital. MED3000 has two ways in which hospitals can give reports. One is "Brought by" method where the hospital is suppose to mark LCEMS on the chart. The "Hit Rate" has been cut in half. MED3000 is now asking the hospitals to change to the "Requestor" method.

Dennis reported when the revenue comes back up, he will go back to the chiefs to discuss having 12 hour cars.

Dennis also reported another issue with revenue was MED3000 downgraded a number of runs from ALS to BLS. Medicare has a set of rules and MED3000 was being conservative with our runs. They are going back and change some of them. They were told we are an all ALS based system. MED3000 told us we were more susceptible to an audit because of this.

A discussion ensued regarding issues with transporting of patients, the e-PCR and the 20 minute time frame and issues with patient take over at the hospitals.

### **Open Discussion**

New rigs – Rich Ellet asked Dennis if he was aware of the problems with the new rigs such as the wiring and lights. Rich cited lights are going on and off in the back. Asked if this was covered under warranty work. Rich also mentioned if the GFI trips, the rig will die. LS7 had two instances where this has happened. With normal rig shut down It stays hot for 3 minutes and then shuts off.

e-PCR – Dennis Kookoothe reported the notebooks can get really hot to touch in the sleep mode and he has to place on the floor in the rig. Dennis Cole reported it's a battery issue and they need air circulation.

Drug sheets – Craig Koperski gave a reminder of the drugs sheets. He said a lot of rigs are using the old sheets. Everyone is to carry the same products in the ALS boxes and if a jurisdiction, i.e., E24 need to carry additional things, give a special sheet.

Phenergan – Marty expressed a concern relative to Phenergan being taken off the license and only having to use Zofran. Sometimes when one doesn't work, the other one will. It was reported Phenergan is not been taken off the license just out of the drug boxes.

Staging – Dennis Kookoothe asked about being dispatched to a scene and staged with ALS first response with three paramedics in addition to the life squad paramedics and the making of a report.

Brent reported if a life squad is dispatched and on scene and are involved in the assessment, they are to make a report.

Pat Moomey reported 3-4 years ago proposals were made to take in consideration ALS first response on scene when dispatching a life squad. It was tabled and not put in place because we were not be able to ascertain if an ALS first response was truly dispatched to a scene throughout the county.

Rich Ellet asked who's policy is it to have a no stage policy. Dennis replied it is a Lucas County policy.

Brent reported Dr. Lindstrom believes in no stage policy of a life squad in that it makes no sense for two paramedics to stand around for 10 minutes when they can be assessing a patient.

Dennis Kookoothe asked about the amount of equipment taken into a patient, citing first responders already take in equipment. Why carry in duplicate equipment?

It was reported it is policy for paramedics to carry in the appropriate equipment/supplies for the patient they are assessing.

AMA – Rich Ellett asked if a refusal to a closest facility is an AMA? Brent reported yes.

#### **Next Meeting and Adjournment**

With no further business, the meeting was adjourned at 10:08 a.m. The next meeting will be held Monday, **June 13<sup>th</sup>** at 9:00 a.m.

Lucas County EMS  
Noncredit Course and Instructor Evaluation  
Course: Chart Review/Protocol Update  
Instructor: Brent Parquette  
Course Dates: May 3,4,5,10,11,17,18,24,25, 2011

## COMMENTS

### May 3, 2011

- Need more life squads.
- Tired of TFD medics comments during CE's. They need to do their jobs. It is not our fault their run volumes are high. Their reports need the same info as everybody else's. MJR.
- Good case review/relatively painless
- Good to see Dr. Dave out of his hiding place. He does exist!
- Nice to have the "Boss".
- Good review. Bring Tom back!!

### May 4, 2011

- Checking femoral pulses is NOT skill taught at any EMT level, if we are to use it then training must be added, (where do you find this on most pts.?) PCR-LP15 bluetooth is "Horrible"
- Why does Dr. Lindstrom like the lt. side of the room better?
- Good to have direct contact w/the Med. Director
- Appreciated interaction with Dr. Lindstrom; nice to see our medical director face to face. His willingness to field questions & clear up any confusion was greatly admired. Great CE session! Thanks for giving good & bad examples of pt. care reports.
- Excellent good discussion, glad to see Dr. Lindstrom. Would like to see him more. Need to remediate poor documenters (ex #7)
- This was a very good review. I learned a few things that I need to improve on. Thank you.
- Good info. Some ePCR's scary!
- Great review.
- On scene time longer than 5-10 min, call med control? Give time for medic first responders to assess pt. fully and determine need for life squad.
- Interesting conversation about hospital to hospital transport.

### May 5, 2011

- Always good discussion of value when the M.D. meets w/his reps. Allows interface that provides health interaction that only embolden the frontline. On the other hand, tests, however, offer little in the way of inspiration, just perspiration.
- Oregon medics should have their own C.E. in Oregon!!!
- I enjoyed Dr. Lindstrom coming and sharing his thoughts/opinions on treatments, protocols, and procedures.
- We need Dr. Lindstrom to attend more CE's for questions that occur while on the street @ hospitals.
- We need food. Call stupid medics at home and advise them to stop with stupid comments/arguments and wasting other people's time! Please, 22 min. was dedicated to

this waste... Way too often a LS. will use a 12 lead as a reason for "not to transport". This should not be going on!!

- Some people shouldn't speak during class.
- Would like to see more 12-lead reviews with CE's.
- Good to hear from M.D. & have feedback from him. How does the guy from Oregon who is on the LS every shift, not know how to capture signature at this point in time?? LOL

### **May 10, 2011**

- Good review. I liked the self-assessment
- Very good CE – excellent interaction w/Med Dir.
- Good review test!
- Good information on run sheets.
- While I don't mind protocol testing, covering all protocols at once is difficult for those of us who work under more than one protocol set. P.S. backboards at UTMC are locked in LS cabinets. This is problematic for FR needing boards.

### **May 11, 2011**

- ePCR's suck!
- Test was a good review. Normally the participants drag out case reviews. Today I feel the medical director did this. Stick to the case, review, discuss, offer guidance and continue. Tough to stay awake.
- Was nice having Dr. Lindstrom present case reviews, although I think the point was missed on many of the reports. There were good reports, bad reports & many in-between; it's always good to see how our system can vary in report writing, although we should always strive/demand better reports from our medics! It seemed like Dr. Lindstrom has lowered his standards for what is deemed acceptable documentation & narratives in a few instances...
- Too much material (too broad of subject matter) for 1 CE and only 30 ? test maybe break down by protocol
- Dr. Lindstrom is much more personable than I thought. Thanks for having him teach.
- Good review – Pleasure to see Dr. Lindstrom – Good to hear his viewpoint on issues.
- You never understand how little you know until you sit for a test! -nice job-
- These new pencils have crappy erasers.
- The only complaint is the weather was finally beautiful out and I am inside.

### **May 17, 2011**

- Good addition of Zofran
- Please clear up Regency Hosp. issue.
- Thanks Dr. Lindstrom. We need to have access to someone when we have issues in the field and need immediate assistance.
- Nice to have Dr. Lindstrom speak to us + go over charts. It would still be nice to get more info about pt. outcomes to review. It appears to me that we are dealing with more & more responsibility & liability. Therefore, I think LCEMS should provide an EMS Supervisor on duty 24/7 to respond in the field as necessary for these complicated runs. Love the ResQ pin awards. Very motivating!
- All syncopal episodes are LS transports... REALLY1111
- Good opportunity to talk to medical director.
- It is always good to see our medical director.
- Informative

- Good to have Dr. Lindstrom in attendance. As always, a good C.E.
- Nice job Dr. Lindstrom.

### May 18, 2011

- Nice to see our Medical Director teaching C.E.
- Handout for PCR reviews is very wasteful.
- Can we have all radio assessments in the month of August list Glasgow as LOC to all Lucas Co. Hosp.? (the more we do it, it will become habit)
- Why doesn't LC confront the medics that are doing poor PCR instead of wasting 2 hrs going over (15) PCR? If we are now billing/receiving 3.5 million for LC transports, why not add another L.S. to inner city instead of beating LS4/LS1 to death with 15-20 runs average?
- Good to see Dr. Lindstrom, wish he would come around more.
- We need a better more complete med list in the ePCR. Can't an existing formula, drug list be imported or copied to the tablet? Thanks for coming to CE Dr. Lindstrom. Add more interventions on Quick Log pages! Like "billing info complete".
- Need more life squads in the city.
- I understand that maybe the volume of "e-PCR wrong doing" may be too great, but for goodness sake, do we need to spend 2-1/2 hrs going over stuff that is common sense or what some or most of us are doing? Can't you go to the culprits & educate" them? Shouldn't class time be better spent otherwise?
- Better documentation could be achieved with 5 min more oos time after run. Listing meds takes time. Dr. Lindstrom, nice job, very non judgmental.
- I feel individual paramedics should be call on the carpet for their poor documentation.

### May 24, 2011

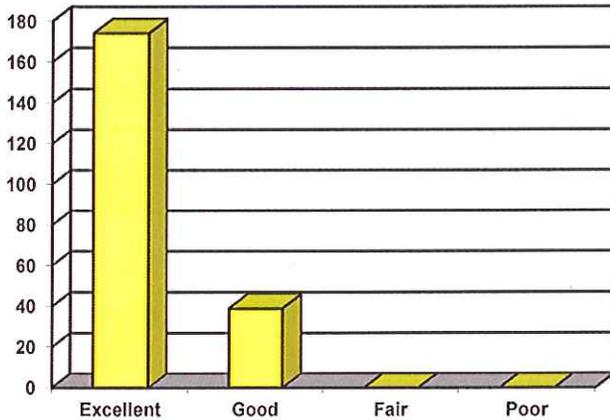
- If you want better reports, give us 30 min. 20 will work on slower or perimeter units, but not on inner city faster running units. With the laptops running slow, you cannot get it down and you can forget.
- Would love to have had specific protocols to study. Would like to suggest a protocol test every month with specific areas, therefore, allowing people to keep up with the many protocols we are responsible for.
- Nice to see the Doc take on "The Big City" with their ridiculous and repetitious questions!
- Toledo needs 5 life squads again! Move of LS5 to Ottawa Hills has increased response times in first due districts, as well as run volume. Move was done to fulfill contractual obligation of having 4 "firefighters" on duty in the Hills without closing an Engine House in Toledo. More consideration of said increase in response time should be given prior to any move of a life squad.
- Need more life squads. Not uncommon to have 12-15 min response time in our 1<sup>st</sup> due district.
- Good to see Dr. L.
- Would like to see Dr. Lindstrom teach more at C.E.
- I appreciated Dr. Lindstrom taking his time to personally attend these sessions and address the classes in this format. It was very informative and helpful.
- Best CE session I have every attended!!

May 25, 2011

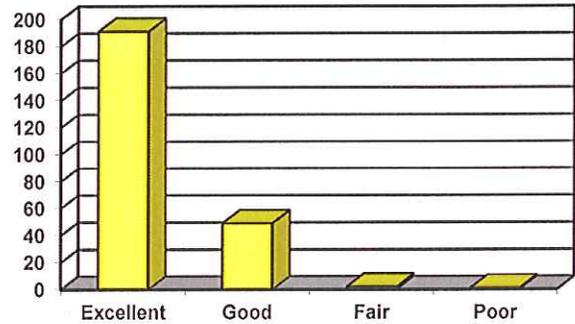
- Good to hear from Dr. Lindstrom occasionally. I know snacks are not provided but how about bottled water?
- Good to see Dave here. Good to see good & bad reports.
- It would be nice to attend a CE without all the complaints and challenges on protocols and procedures. Why don't we offer an all Toledo class and an opposite outlying departments CE. Don't punish us for their actions!
- Good CE despite all lectures. Side Note: LS5 @ OH is ridiculous. Taking runs away from 7,9,10 is absurd. I know it's a TFRD manpower issue, but LS5 is getting killed time wise.
- Very informative hearing Dr. Lindstrom's rationalizations with the ePCR's. Nice to see Zofran brought to LCEMS.
- Add another life squad in inner city! Notify dispatch that there is a source to repair;/replace flat tires in field, there is NO NEED to change out! Tell us how much money billing is bringing in on monthly/quarterly basis.
- The time Dr. Lindstrom spent with us was well spent. It helps to hear directly from him how he wants treatment given to the pts. Test was not too bad.
- The best dialogue I've had with Dr. Lindstrom in my 11= years as a medic. It's good to hear his expectations & philosophies directly from him rather than through Brent.
- Dr. Lindstrom provided great feedback during CE. We see Dr. Lindstrom about once per year. It would be nice if he were available to more C.E. sessions for questions. Reference of protocols and instruction with increasing ALS incidents for Lucas County. I would like to suggest adding additional life squad units to the county system.
- Toledo FD needs their own CE classes, so the rest of us that want to learn can do so without so much noise and white from TFD.
- We need more life squads!
- Dr. Lindstrom's lecture was excellent; need to do that more often. Extra LS needs to be addressed more seriously in Toledo.
- So glad Medical Director could answer questions directly. Very important!! Glad to see he did give us + feedback as well! Nice to hear.
- Better but more patches.
- Great review.
- Test was a challenge.
- Good that Dr. Lindstrom makes himself available to LCEMS medics periodically.

# Noncredit Course and Instructor Evaluation Chart Review/Protocol Update

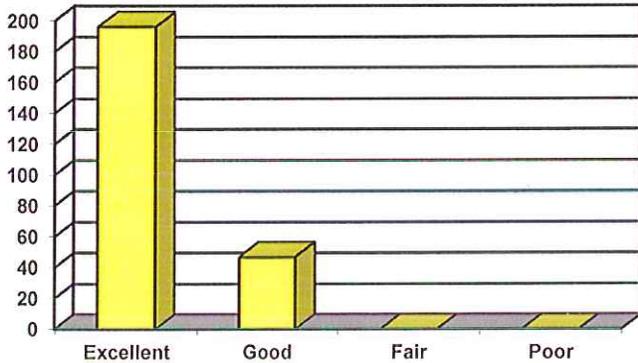
1. The course started on time



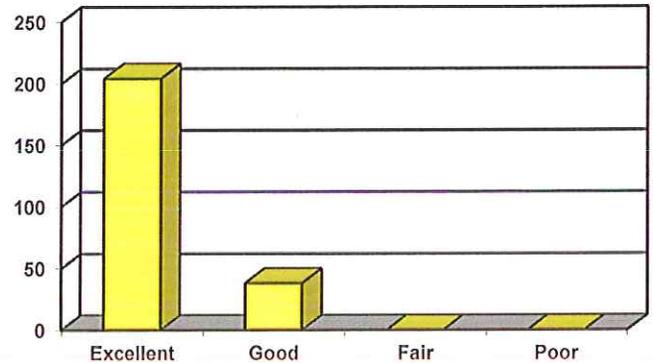
2. Course Objectives were clearly stated



3. Material was presented in an understandable manner



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



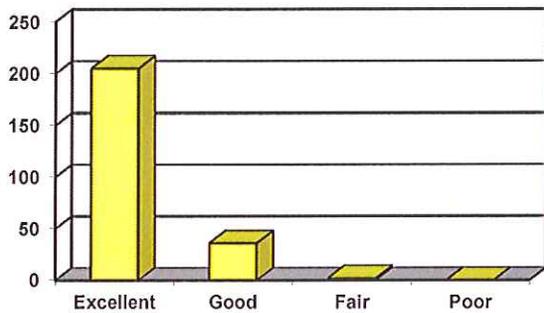
**Course Dates: May 3,4,5,10,11,17,18,24,25, 2011**

**Number of evaluations: 243**

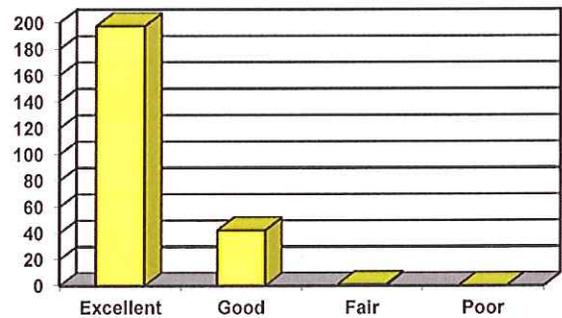
**Location: Lucas County EMS**

# Noncredit Course and Instructor Evaluation Chart Review/Protocol Update

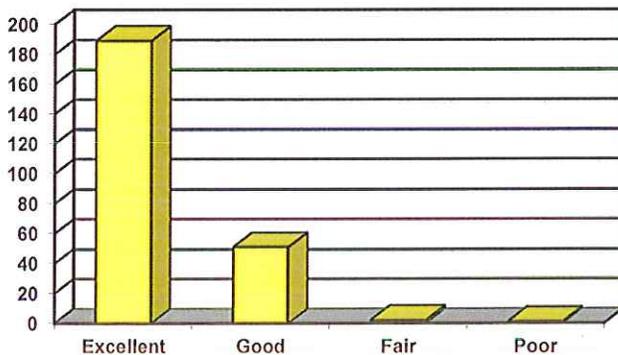
5. The instructor encouraged participation where appropriate



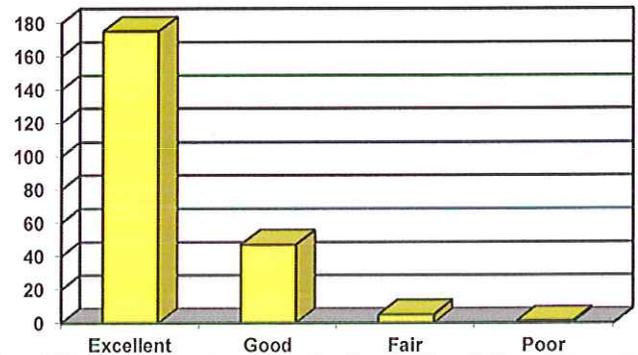
6. Handouts were easy to use and helpful



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



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



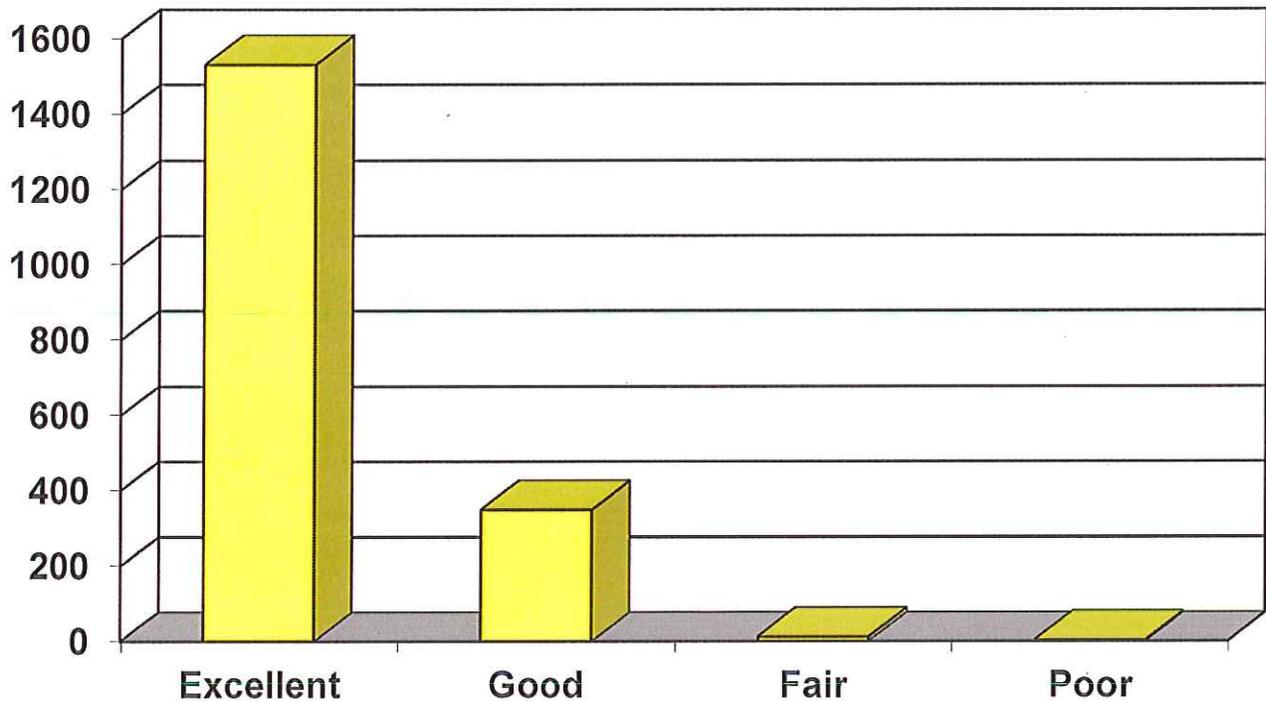
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## Noncredit Course and Instructor Evaluation Chart Review/Protocol Update

### Summary of All Responses to All Questions



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