

Medical Committee
Meeting Minutes
April 1, 2019

Present

Chief Barry Cousino
Kristie Gallagher
Daniel Neumeyer, DO
Thomas Boggs, M.D.
Julia Harsh
Mary Britton
Danyell Hall
Eugene Lin, MD
Mohammad Jumma, MD
Teresa Fisher
Julie Kish
Chief Mike Ramm
Julie Goins Whitmore
Leigh Moore
Chief Mark Mullins
Martin Fuller
Julie Shawver

Representing

Springfield Fire Dept.
Toledo Hospital ED Educator
Mercy St. Vincent
St. Luke's Hospital
ProMedica Toledo STEMI Coordinator
ProMedica Toledo Stroke Coor
ProMedica Bay Park Stroke Coor
Mercy St. Vincent
ProMedica & UTMC
ProMedica Flower Hosp
Mercy St. Charles Stroke
Sylvania Fire Dept.
Mercy St. Vincent
Mercy St. Vincent
Oregon Fire
Whitehouse Fire
ProMedica Toledo Stroke Team

Staff

David Lindstrom, M.D.	Medical Director LCEMS
Dennis Cole	ES Director
Brent Parquette	EMS QA/QI
Ralph Shearn	Communications Manager

Absent

Pat Mattevi, M.D.	Bay Park Hospital
Erich Pontasch, M.D.	St. Anne Mercy Hospital
Chris Goliver, M.D.	Mercy Sylvania Free Standing EC
Todd Brookens, DO	ProMedica
Wes Martus, M.D.	St. Charles Hospital/St. Anne ED
Jay Ryno, MD	UTMC
Stephen Grider, M.D.	UTMC

Call to Order

Chief Cousino called the meeting to order at 8:32 a.m. and asked us to remember our law enforcement colleagues who have lost two personnel this week.

Minute Approval

The minutes from the February 4, 2019 meeting were made available for review. A motion by Kristie to accept the minutes, which was seconded by Chief Cousino. Minutes were accepted as written.

Old Business

EMS System - Chief Cousino reported the operating jurisdictions agreed to a one-year contract. The County is planning on an RFP for a consultant to assist with the EMS system review. This is still ongoing.

AFR – Dr. Lindstrom reported there is difficulty in getting meaningful reports. The consensus of the paramedics is that they do notice AFR working and the cancellation rate is down.

RACE – Dr. Boggs reported it is going well for St. Luke’s new RACE status.

New Business

Stroke – Dr. Lindstrom reported we are adding a category for stroke declaration. This is to help hospitals meet new goals for Stroke performance measurements. New guidelines came out in February 2019. The National goals for Target Stroke.

PRIMARY GOALS

- Achieve door-to-needle times within 60 minutes in 85 percent or more of acute ischemic stroke patients treated with IV thrombolytics.
- Achieve door-to-device times (arrival to first pass of thrombectomy device) in 50% or more of eligible acute ischemic stroke patients within 90 minutes (for direct arriving patients) and within 60 minutes (for transfer patients) treated with endovascular therapy (EVT).

SECONDARY GOALS

- Achieve door-to-needle times within 45 minutes in 75 percent or more of acute ischemic stroke patients treated with IV thrombolytics.
- Achieve door-to-needle times within 30 minutes in 50 percent or more of acute ischemic stroke patients treated with IV thrombolytics.

Suggested Change for Hospital Notification

BEFAST (BALANCE, EYES, FACE, ARM, SPEECH, TIME)

OR

FAST ADD SUDDEN DIZZINESS/TROUBLE WALKING
LAST KNOWN WELL <24 HRS;
SYMPTOM RECOGNITION ON AWAKENING <3.5 HOURS
BLOOD GLUCOSE >50
CODE STROKE Called to ED

It was reported that the earlier the hospital has notification, the quicker getting the team in.

MRI vs Flare is a determination made at the hospital after MRI and allows longer window of treatment for “older” strokes.

Dr. Lindstrom reported the RACE declaration is well defined and asked what would they like the criteria to be for CODE Stroke.

Dr. Boggs commented in that we keep the system we already have because it’s working.

A discussion ensued on the goals and the suggested hospital notification regarding dizziness.

Dr. Lindstrom reported on how the system works and paramedics give heads up to the stroke centers. Dr. Lindstrom said we could add dizziness plus (one additional neurological symptom) in the scoring patients with the RACE score to qualify for CODE STROKE.

In addition, the interventionalists would like to teach again at CE and will put together a presentation of a joint education for EMS. It would possibly need a two-hour time block.

Toledo Hospital – Kristie reported all the ProMedica hospitals have linen access with a key fob. Also at Toledo Hospital, the in-house security is with a swipe badge. Kristie mentioned if the paramedics are in the need to have someone to meet them at the door, they will be able to accommodate via video monitoring of the ambulance entrance.

CPR Solutions – Brent reported back in July, Kim Macygin provided information on the Heads Up Device. We are still on the list to evaluate the device which is an FDA cleared device. We should go live August 1st. Brent said this will impact hospitals of the cardiac arrest patients. Brent reported he will be the one to show the hospitals how it works.

Adjournment – With no further business, the meeting was adjourned at 8:56. The next scheduled meeting is June 3rd at 8:30 am.