

LCEMS POLICY BOARD  
MEETING MINUTES  
May 7, 2008

Members Present

Mary Beth Crawford, M.D. (St. Luke's)  
Mayor Marge Brown  
Pam Hanley  
Chief Rick Monto  
Chief Daryl McNutt  
Mayor Angela Kuhn  
Chief Barry Cousino  
Chief Bill Wilkens  
Chief Kevin Bernhard  
Dennis Cole  
David Lindstrom, M.D.

Representing

Hospital Council  
City of Oregon, CEO Mayor  
Sylvania Twp. CEO Trustee  
Maumee Fire Department  
Whitehouse Fire Department  
Whitehouse CEO  
Springfield Twp. Fire Department  
Oregon Fire Department  
Lucas County Fire Chiefs' Association  
Lucas County Emergency Services Director  
LCEMS Medical Director

Absent

Mayor Carty Finkbeiner  
Chief Mike Wolever  
Chief Fred Welsh  
I. Kohli  
Mayor Tim Wagener  
Mike Beazley

City of Toledo, CEO  
Toledo Fire Department  
Sylvania Twp. Fire Department  
Springfield Twp. CEO  
City of Maumee, CEO  
Lucas County Administrator

Attendees

Brent Parquette  
Gary Orlow  
Pat Moomey  
Chief Jim Sedlar  
Captain Bill Hull  
Chief Brian Byrd  
Ed Herrick  
EMS Chief Martin Fuller  
Chief Rick Helminski  
Cathleen Nelson  
Kent Appelhans  
Assistant Chief Tom Eisel  
Jeff Lowenstein  
Jeff Kish  
Jack Morash  
Todd Brookens, M.D.  
Beth Mallory

LCEMS QA/QI  
LCEMS Manager  
LCEMS Communications Manager  
Ottawa Hills Fire Department  
Toledo Fire EMS Bureau  
Toledo Fire EMS Bureau  
Toledo Fire EMS Bureau  
Whitehouse Fire Department  
Springfield Twp. Fire Department  
Life Star Ambulance  
Life Star Ambulance  
Sylvania Twp. Fire Department  
MedCorp Ambulance  
Rumpf Ambulance  
ProMedica  
ProMedica  
Guest St. Ursula High School Sr. Observer

The LCEMS Policy Board meeting was called to order at 8:30 a.m. by Dr. Crawford, Wednesday, May 7, 2008 in the Emergency Services Building.

**1) Minute Approval**

The minutes from the April 2, 2008 meeting were distributed for review. A motion was made to accept the minutes. Motion carried.

**2) Medical Committee Report**

Chief Cousino reported the committee met Monday, April 7, 2008. Chief Cousino reported CE was discussed with PEPP in April and Hypothermia/ICE protocol being taught in May. CPAP mask has not moved forward due to the fact it's not fitting every machine at the different hospitals. There was discussion on the ResQGard and paramedic Smart Cards for protocols. Next meeting is scheduled for June 2<sup>nd</sup>.

**3) Paramedic Committee Report**

Chief McNutt reported this committee met April 10<sup>th</sup>. The committee discussed training and the implementation of the ResQGard April 1<sup>st</sup>. Brent reported at the meeting there are 50 units and 6 units have been used to date with favorable outcome. Feedback will be given to the manufacturer. Chief McNutt also reported the coolers will be placed in the life squad for the saline for the Hypothermia protocol. Also discussed at the meeting were the new rigs having problems, adapters for the Phillips Life Paks and the number of department going to the Phillips unit. GPS units also discussed were mapping issues and a recommendation to buy. Chief Cousino mentioned Springfield Twp. has an adapter for used when working with other entities.

The question was asked about the county hosting the software for the transmission of data from the Phillips units. Dennis Cole reported we need the chiefs to buy in to data card connectivity technology. A discussion ensued. Chief Helminski and Chief Wilkens reported they are committed to this. Gary asked Sylvania Township if they would offer the hosting program that they received from Phillips.

**4 CE**

Brent Parquette reported the paramedics just finished the PEPP course last month, which will be good for two years. Induced hypothermia is May's CE topic. The first class went well. The implementation of induced hypothermia is planned for June 1<sup>st</sup>. Brent reported there will be 12 volt coolers with a constant charge in the life squads. The rigs will always have to be plugged in. An I.C.E. box (pelican box) will have all the drugs needed to do the I.C.E. protocol. The paramedics will carry in a small ICE bag with chilled saline and drugs, once it is determined the patient fits the criteria. There is a bypass criteria for 'I.C.E.' patients with four facilities qualified for accepting I.C.E. patients. They are TTH, UTMC, St. Luke's and St. Vincent hospitals.

Dr. Lindstrom reported these hospitals are supportive of the protocol and have committed considerable resources to focus on these patients. These patients will have a hospital team of specialists focused on their care for the 24 hour plus period; neurologists, intensivists'/critical care and cardiology with having made labs, neurologist, cardiologist and critical care doctors to maintain this therapy. Fortunately, all these hospitals align with cath labs. The hospitals will

cool either externally or intravascularly, but the hospital will determine what technique they will use after patient arrival in the EC. The hospitals will share with us outcome data, i.e., GCS scores, if the patient was walking/talking when they were discharged to, i.e., home, long term facility.

## **5 Open Discussion**

Dennis Cole reported on the air horn issue, Life Squad 6 has a new compressor and we have 3-4 more on order to retrofit.

Dr. Lindstrom reported LCEMS is in the process of doing 3-4 meeting per year with the EMS dispatchers for QA purposes. Pat and the lead dispatchers review compliance with EMD cards and select a number of problem calls/specific type of calls for review. This month's review focused on pre-arrival instructions using the EMD cards for cardiac arrest patients and pre hospital instructions.

Pat reported some EMS statistics to the committee The committee reviewed the data which shows continued consistent grown in the number of incidents in the past few years. Dr. Lindstrom reported that the committee had suggested the revision of standard of "Out of Service" times at the hospitals from the current 30' to 20'. A determinant to be made is how long the time is acceptable to be out of service at the hospital. Currently it is 30 minutes and he would like to change this to 20 minutes. This is one thing that could be done to help make units available for the increasing volume of calls. Dr. Lindstrom reported we need to raise our performance standard. A motion by Chief Welsh to change the "Out of Service" time at the hospital from 30 minute to 20 minutes was seconded by Chief Monto. Motion carried unanimously.

## **6) Adjournment and Next Meeting**

With no further business, the meeting was adjourned at 9:05 a.m. The next meeting is scheduled for June 4<sup>th</sup> at 8:30 a.m.