

Paramedic Committee  
Meeting Minutes  
March 9, 2009

PRESENT

Chief Daryl McNutt  
Chief Richard Helminski  
Acting Captain Ken Kantura  
Kenan Mylander  
Billie DeShetler  
Mark Briggs  
Jeff Nissen  
Rob Martin  
Brian Dotson

REPRESENTING

Whitehouse Fire  
Springfield Twp. Fire – LS 10  
Toledo Fire  
St. Vincent Mercy Medical Center  
Toledo Fire  
Ottawa Hills  
Oregon Fire  
St. Vincent Medical Center Life Flight  
Whitehouse Fire – LS9

STAFF

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

Emergency Services Director  
Medical Director  
EMS Manager  
EMS Dispatch  
QA/QI

ABSENT

Gina Shubeta  
Robert Kendrick

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

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

**Call to Order**

Chief McNutt called the meeting to order at 9:02 a.m.

**Minute Approval**

The minutes from February 9, 2009 meeting were available for review. Rick Helminski made a motion to accept the minutes which was seconded by Brian Dotson, Motion carried

## **Training & QA**

Brent reported the evaluations comments from February's CE were distributed for review. February's CE was an update and review on respiratory emergencies.

Ken Kantura brought up the comment made on February 18<sup>th</sup> that said "With this many changes, county should issue a flipbook/quick reference guide". Ken asked if the county thought about doing something like this. Ken reported Butch Rahe from Toledo made up something like this (\$20) and when there are changes, stickers could be added. Ken reported it's hard to keep up with changes, i.e., drugs.

Dennis reported we are not currently staffed right now to do that. Dennis said there are some pros and cons. In some cases a guide book reduces the effort in learning the skills and becoming dependent on it. Dr. Lindstrom reported it would be difficult to keep up to date.

Chief Helminski reported Springfield has a reference guide they use. A discussion ensued regarding the use, how it would be kept up, who would develop it.

Brent reported this month's CE is 12-Lead EKG and the ResQGARD. Brent reported the supplier of the ResQGARD will continue giving the county more supplies for free and for the county to continue supplying data.

**QA** – Dr. Lindstrom reported he continues to work with individual cases and individual departments. We currently do not have a countywide QA process and the discovery process to protect this, so he will continue working with individuals and departments as appropriate.

## **Old Business**

Brent reported a memo will be sent out regarding an update to the medication inventory. Brent reported starting this week, new medications will be distributed by the Annex and medications removed. Medications to be removed are Lasix, Metoprolol and Amyl Nitrate. Medications to be added are Nitro Spray, Captropril, Versed and Procainamide.

Brent said Dawn from Maumee brought up the issue of the frequency of vital signs uploaded to the tablet from the LP12. Brent reported there is a log created by the LifePak and they have found the problem and it is being worked on.

Brent reported LCEMS requirements for the Phillip's server are done. There is a meeting on the 19<sup>th</sup> with Phillips to program the existing Phillips monitors in the system. There are Phillip's units at Springfield, Sylvania, Oregon and Perrysburg City. Dr. Lindstrom mentioned there are other entities that could be transmitting EKGs to the hospitals on their designated fax number. Each of the fire departments should phone the hospital to let them know who is sending a transmission and why it's being sent. This may require an internal Fire Department policy.

There was discussion regarding the potential removal of controlled drugs in the first responder bags, Fentanyl, Morphine, Valium and Phenergan.

Dr. Lindstrom said his intent had been to go ahead with removal of controlled medications from ALS responder boxes. Brent met with reservations from the paramedics in CE. Dr. Lindstrom discussed where to draw the line for those areas that are a distance away, i.e., Jerusalem, 24's, but did not reach a conclusion. Dr. Lindstrom reported he would be inclined to pick stations with the likelihood of a long response time such as 24's, 11's, Jerusalem and a couple more. Dr. Lindstrom said Brent's concern is managing it. Dr. Lindstrom reported he asked Brent for a report of utilization of these drugs, (i.e., what was used, volume and where used). A discussion ensued citing scenarios where these drugs could be used and costs. Dr. Lindstrom reported no decision has been made, the cost of these meds is estimated to be less than \$2000 per year. We may not make the change after final analysis is complete. Brent is currently not in favor of removing those drugs.

Ken Kantura reported on the drugs in the action area issue. Ken reported he did not meet with Rich Ellett, but had conversations with him on the phone. The consensus was to have a little of something there at the jump seat such as a case that would hold 5 or 6 drugs. The case would have to have a seal and each time it is broken, there would have to be a logging process. Ken reported Rich is in favor of eliminating drugs up in the action area. We have not come up with a solid plan of what to do. A discussion about box size, what should be stored in the box and a designated spot. Dr. Lindstrom said LCEMS will look for a box and determine quantity and types of medications to be carried in the box. The initial meds Ken recommended are D5W, ASA, NTG, Atropine, Epi. and Narcan.

Brent commented that it seems we are getting rid of one box and adding another. Brent suggested using the existing cabinets in the life squads which should be inventoried daily and placing a tray in the cabinet space with a specific allowed inventory.

Billie DeShetler mentioned she had a concern with Norcuron being stored in the LCEMS Hospital Lockers and the times where she has witnessed lockers left open when several squads could be accessing meds and the possibility of anyone getting the drug. Billie suggested it should be obtained the same way the controlled drugs are obtained from the EC RN. Dr. Lindstrom will review.

Dr. Lindstrom reported the inventory flow process currently is not where it should be. There is no tracking process for medications at this time. There used to be an inventory sheet in the lockers for the paramedics, but that it is not being done currently.

### **Open Discussion**

Captain Kantura wanted it known to thank everyone who participated in Mike Darrington's funeral. It was well appreciated.

Captain Kantura distributed a report of all 10 lifesquads being out of service at EC's over 20 minute. (attached) Report was for dates of December 1-31<sup>st</sup>, 2008. Ken mentioned he would like to bring up the issue of the 20 minute out of service time. Ken reported this issue comes up routinely with Toledo Fire. The paramedics are stressed and documentation can suffer. With some of the squads that do not have a lot of transports, it's not an issue. Ken reported that runs over 30 minutes were cardiac arrests, ICE and trauma patients.

Dennis Cole stated the concept is to manage the hospital time. There are situations where the run takes longer and the paramedics have the ability to call in and explain. If the paramedics need more time, they can radio LCEMS dispatch. It was not our intent to discipline or punish, but the department to get the paramedic back in service and to see if there is a problem.

Dr. Lindstrom commented that LCEMS doesn't have anybody looking at the out of service times. The accountability goes back to the department. Dr. Lindstrom suggested that Toledo Fire should put someone out there and validate the numbers. Dr. Lindstrom mentioned he would like to see Toledo Fire do a field analysis. Maybe part of the issue could be on the hospital part, i.e., the nurse not there to give report. But this should only take one medic leaving one medic to stock the life squad and do the charting. Have a supervisor look at it.

Gary Orlow mentioned some time back the departments asked for administrative exception reports over 20 minutes. This reporting was to be a helpful tool for the department's administration. Later Chief Bell asked it to be moved to 30 minutes. After this was in place, we were hearing paramedics wouldn't report they were in service until the 30 minutes were up. Then it was changed back to 20 minutes. Dennis Cole reported we were just establishing a target.

Dr. Lindstrom reported maybe there is a need to address those paramedics who aren't versatile in the use of the ePCR, to be retrained to be more efficient. Dr. Lindstrom suggested that TFD utilize their ePCR trainers to train future paramedics in the pipeline and remediate current paramedics that need improvement. Long discussion ensued.

Captain Kantura asked the county for an out of service at the hospital report and if it could be broken down by shifts. Pat said she would look in to it.

Captain Kantura reported an issue has cropped up regarding the ePCR. Ken reported when a paramedic has the same partner most of the time, they know what to expect out of each other. But when a paramedic works with someone they don't normally work with, it's not known what to expect when it comes to the use of the ePCR. Paramedics sign in at the beginning of the shift on the ePCR. When a report is generated both paramedics are on the "hook" for the report when only one person writes the report. Ken asked if it was possible to capture the signatures after the report is done as opposed at the beginning of the shift. Dr. Lindstrom suggested Brent, Captain Kantura and Bob get together after this meeting to see if the software can manage this.

Discussion regarding signing the reports and reading/not reading them.

**Next Meeting and Adjournment**

The next meeting will be Monday, **April 13<sup>th</sup>** at 9:00 a.m. With no further business, the meeting was adjourned at 10:38 a.m.

Breakdown of Lifesquad runs over 20 minute in service time.  
December 1-31<sup>st</sup>, 2008

**LS1:** 161 Transports

137 runs greater than 20 mins. \*85%  
26 runs greater than 30 mins \*16%

**LS10:** 85 Transports

54 runs greater than 20 mins \*64%  
10 runs greater than 30 mins. \*12%

**LS2:** 120 Transports

104 runs greater then 20 mins. \*87%  
10 runs greater than 30 mins. \*8%

**LS3:** 113 Transports

100 runs greater than 20 mins. \*88%  
12 runs greater than 30 mins. \*10%

**LS4:** 138 Transports

100 runs greater than 20 mins. \*73%  
17 runs greater than 30 mins. \*12%

**LS5:** 121 Transports

88 runs greater than 20 mins. \*73%  
16 runs greater than 30 mins. \*13%

**LS6:** 93 Transports

80 runs greater than 20 mins. \*86%  
10 runs greater than 30 mins \*11%

**LS7:** 87 Transports

76 runs greater than 20 mins. \*87%  
11 runs greater than 30 mins. \*13%

**LS8:** 78 Transports

33 runs greater than 20 mins. \*42%  
3 runs greater than 30 mins. \*4%

**LS9:** 23 Transports

9 runs greater than 20 mins. \*39%  
1 run greater than 30 mins. \*4%

Lucas County EMS  
Noncredit Course and Instructor Evaluation  
Course: Respiratory Emergencies  
Instructor: Brent Parquette  
Course Dates: February 3,4,10,11,17,18,24,25, 2009

## COMMENTS

### February 3, 2009

- Good hands on
- Skill stations are good, like to see changes in protocol to actually help our patients.
- Excellent video! Should probably advise people to bring their own stethoscopes
- Station 8 was great!
- Ped test was hard
- Great video! We learned a lot!
- Good stations today, great changes!!
- Excellent session
- Very good information once again...
- Station 8 rocks!!!

### February 4, 2009

- A short quiz every once in a while is a good thing. In that it forces us to study.
- Very interesting commentary about CHF!
- Question for Annex →do they P.M. the assembly for the cot in the rigs? King Airway seems like it will be great. They seem to wear out with training & don't get the same feel as when they are new or newer.
- Protocol test was good and made us think, but it is something that is not used everyday as with most adults.
- Another excellent C.E.!!

### February 10, 2009

- Provide jump drive for protocol updates to I can remove them from y P.C.
- Good class as always!
- Great Job!
- Course was great. Resp auscultation mannequin was very difficult to discern between different sounds, esp crackles – coarse vs. fine etc.
- Good review!!

### February 11, 2009

- Good test!
- Test was a good review of pediatric protocols. Would like reference materials (bibliography) to be included with CE handout to get a better understanding of rationale for changes to protocol.

- Please ensure protocols are up to date on PCR and MDT for reference as needed.
- Good review.
- Very informative
- Love new protocols and group workouts are great.
- Great hands on – Keep them going!
- Please! Limit break out sessions to 20-25 minutes. Any longer they tend to drag.
- Still love hands-on! Great reinforcement!
- Wee need new protocol disks ASAP.
- Good skills stations.
- Will we really use the King Airways?? Should have immediate feedback on questions missed. Need Pediatric pulse ox attachment for LS. Need Broselow tapes for LS.

### **February 17, 2009**

- 20-25 questions seem a better # of questions. Going over and testing is better way to learn. Old way giving pre test with reason why one is better than the other gives better understanding.
- CE has improved. Thanks.
- I don't mind the test being the next month, but let us go over the test so we know what we need to learn.
- Like the short group sessions. 20 minutes is a good length.
- More tests before class, but let us know what to study. Will make me study and I'm the norm. Say a test on the protocol we did today. I want to know now.
- Informative, candid.

### **February 18, 2009**

- With this many changes, county should issue a flipbook/quick reference guide.
- Same pt's, more protocols that keep changing!
- Good practice.
- Tired of not working with my dept. in group work.
- Mr. Parquette – the new tourniquets suck! They break!
- Nice job.
- Peds test made one realize how important a partner can be as well as an “up to date” flip guide.

### **February 24, 2009**

- Taking Valium off 1<sup>st</sup> Responder is bad. Ex. E11, E19, E24, Syl #4. Person in status keeps killing brain cells Washington Twp. Good CHF Nice job
- Discussed the introduction of new meds to life squad and removal of meds from First Response bags – good discussion but you lose abilities if your caught without or lengthy wait time for life squad response. I believe your patient care is suffering and we take from the community for which were trying to help and get further compensation from, they are the ones that suffer.
- Don't take control drugs first line ALS eng. Off.
- Taking all the drugs (controlled) is a bad idea. There are occasions when only a few life squads are available. This happens several times a year. Having those drugs available could be critical to the pat's life.
- Unable to get online protocols so we are diagnosing now?
- I love C.E's really!

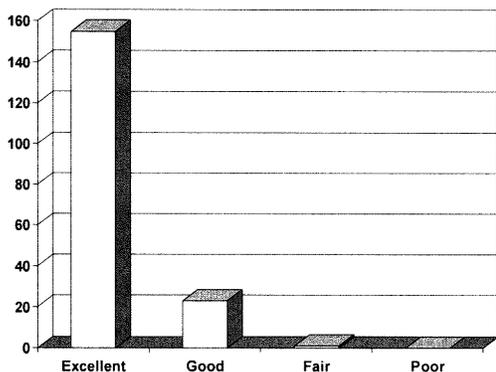
- No wire hangers!
- A lot of info to retain. It will keep me on my toes studying. My brain is spinning, whoa!!
- Good move on Lasix removal.

### **February 25, 2009**

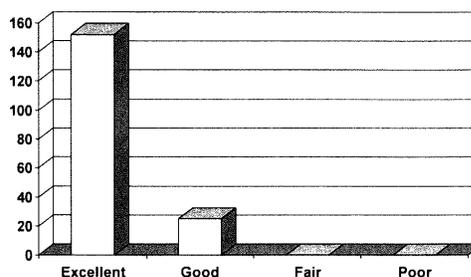
- Poor wording on test. E-PCRs suck!
- We should work at the stations with the people that we work the line with. – It would take the pressure off Tom having to divide the group up.
- Very good skill stations. Not sure about the SL Captopril. Heard it tastes horrible and seems it will be hard to absorb completely. Glad we can use Mag. Sulfate without med control order, and its good that the protocol for Epi. Admin was clarified with pt's over 50 YOA. Need ant traps for Room 8.
- Listening to lung sounds station, great idea. Long time probably overdue.
- Did I mention I hate protocols tests?
- Possibly the finest continuing education experience available comparable possibly only to a class at Columbia or Harvard universities.
- Another excellent over/review.
- Good skills stations (hands on)

## Noncredit Course and Instructor Evaluation Respiratory Emergencies

1. The course started on time



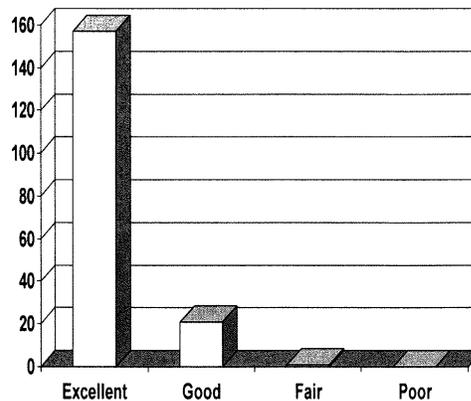
2. Course Objectives were clearly stated



3. Material was presented in an understandable manner



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



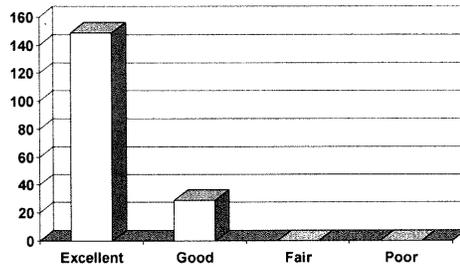
**Course Dates: February 3,4,10,11,17,18,24,25, 2009**

**Number of Evaluations: 179**

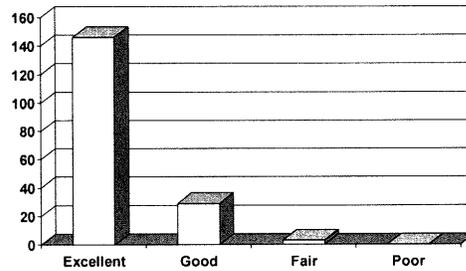
**Location: Lucas County EMS**

## Noncredit Course and Instructor Evaluation Respiratory Emergencies

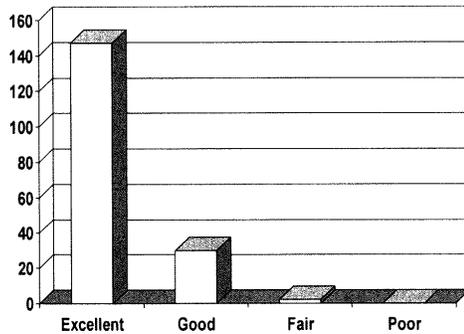
5. The instructor encouraged participation where appropriate



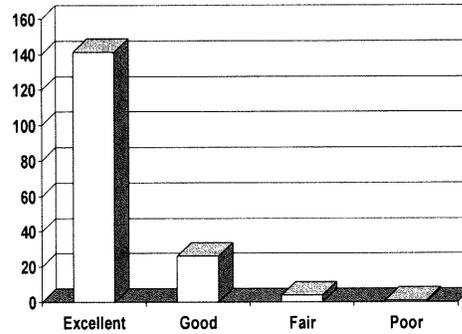
6. Handouts were easy to use and helpful



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



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



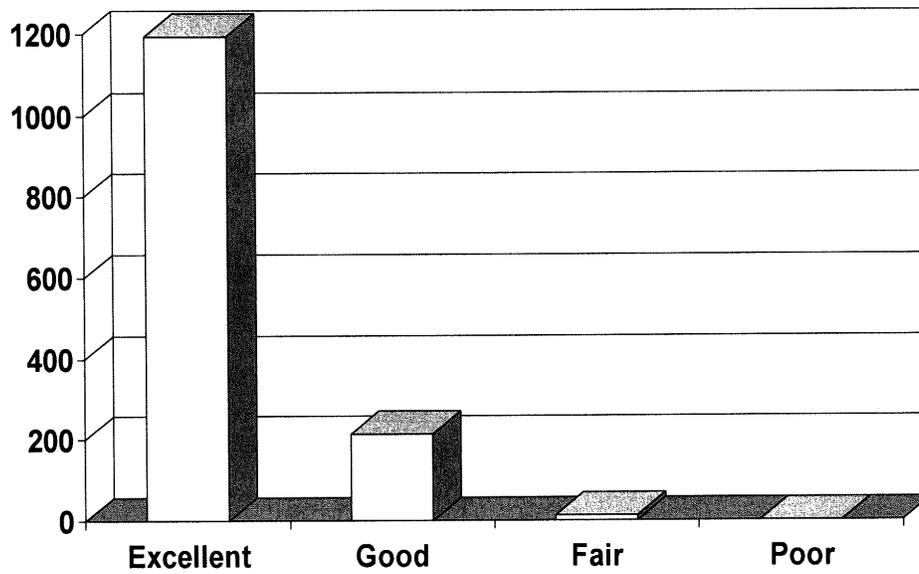
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**Noncredit Course and Instructor Evaluation  
Respiratory Emergencies**

**Summary of All Responses to All Questions**



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