

Paramedic Committee
Meeting Minutes
April 13, 2009

PRESENT

Chief Daryl McNutt
Chief Richard Helminski
Acting Captain Ken Kantura
Ed Herrick
Billie DeShetler
Rich Ellett
Julie Goins
James Fenn
EMS Chief Martin Fuller
Chad Premo
Chief Bill Wilkins

REPRESENTING

Whitehouse Fire
Springfield Twp. Fire – LS 10
Toledo Fire EMS Bureau
Toledo Fire EMS Bureau
Toledo Fire
Maumee Fire
St. Vincent Medical Center Life Flight
Flower Hospital
Whitehouse Fire
ProMedica
Oregon Fire

STAFF

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

Emergency Services Director
Medical Director
EMS Manager
QA/QI

ABSENT

Gina Shubeta
Robert Kendrick

Sherry Watson
Jodi Livecchi
Tracy Stanford
Keith Mooseman
Chief Charles Flack
Matt Homik
Mark Briggs
Jeff Nissen
Brian Dotson

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
Ottawa Hills
Oregon Fire
Whitehouse Fire – LS9

Call to Order

Chief McNutt called the meeting to order at 9:01 a.m.

Minute Approval

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

Training & QA

Brent reported the evaluation comments from March's CE were distributed for review. March's CE was an update and review on 12-Lead EKG and skill stations. Brent pointed out the comment made on March 17th entitled complaints. Brent reported one paramedic was venting on a series of events. Brent reported his concern with this is that this paramedic should give a detail writing to Dr. Lindstrom or himself at the time of the event instead of later in CE. Brent reported Dr. Lindstrom does a good job in following up on situations when reported at the time of the incident.

Brent reported April's CE is on Tab 900, Medical Emergencies. He reported there are changes in algorithms and medications. Brent reported the paramedics are making comments regarding there are a lot of changes quickly and trying to keep up.

Marty Fuller asked about the sentence regarding the Stroke Alert and that he was not aware there was one. Brent reported no there is not. UTMC has made it known they can deal with stroke patients and this paramedic wanted them to know the patient they were bringing in had the symptoms of an impending stroke.

Brent emphasized if paramedics encounter a problem, there is a mechanism in place to address these issues.

QA – Dr. Lindstrom said there is no report. He mentioned they are looking at periodic things and looking at Toledo Fire in a closed format. Dr. Lindstrom reported he looks at individual cases and the chiefs will be made aware of incidents in their jurisdiction.

Dr. Lindstrom reported Dispatch continues to have meetings which he finds very productive. Dr. Lindstrom said he meets with Pat Moomey, Brent and the four lead dispatchers and look at a sampling of runs. Next month they are going to look at specific cards, i.e., cards used infrequently such as electrocution. Dr. Lindstrom reported there is some sentiment on the street when the paramedics over/under triage and some of the calls are being redefined. We have gone back and looked at these calls and cut down on calls with high cancellation rate.

Old Business

Ken Kantura reported he wanted to bring up the action area issue. They discussed having the box and in finding out with having a seal put on the box in the action area but having a seal put on the box after each us cumbersome and he is looking for direction.

Chief Helminski reported at the last Fire Chiefs meeting the discussion of ALS medications was brought up. Chief Helminski reported that he and Dr. Miramontes are working on a program to develop a policy regarding first responder medications and narcotics.

Rich Ellett reported when this discussion initially started it was to eliminate the back-up med box. Rich said Maumee does not use it. Some entities such as Whitehouse, with a long distance to travel would need it. Dr. Lindstrom reported his goal is to get rid of the second med box as usage is minimal and is the source of much of the medication waste.

Gary Orlow reported the Board of Pharmacy stated medications need to be in a secured place and not in the open. Rich Ellett reported when Maumee moved their location and they had their inspection, the State Inspector told them they had to have tags on everything.

Dr. Lindstrom reported that at last month's meeting Billie brought up her concern with Norcuron storage in the lockers. Dr. Lindstrom said this was discussed with pharmacists at the hospitals and it will be moved to a nurse exchange item.

Chief Helminski asked if there was a decision regarding the billing companies. Gary Orlow reported Lucas County received four proposals. The committee met to look over the proposals and have narrowed it down to two.

Captain Kantura brought up the issue of the 20 minute back in service time. Ken mentioned it was a disservice to the paramedics to have them complete a report in ten minutes. Ken reported the document suffers. A lengthy discussion ensued.

Dr. Lindstrom emphasized it was a management issue for Toledo Fire and the City needing to move to a street paramedic supervisor position to gather accurate information. Toledo Fire used to have a "122" that would be out in the streets and Toledo Fire should have a supervisor or a "122" to look at these issues.

Chief McNutt reported nothing can be done here with this committee and a Toledo Fire chief needs to present this issue to the EMS Policy Board again. It was brought up before and nothing was done.

Captain Kantura mentioned that there is an impression that Toledo Fire paramedics "goof around" all the time and its not fair.

Dr. Lindstrom reported the paramedics have to get the charts done even if they have to work after end of their shift to complete proper accurate documentation.

Dennis Cole reported it's a matter of resources on patient demand. Its all about process and we are not beating anyone up. The 20 minutes in-service was set to manage the EMS system including hospital turn-over time. It is intended to help us identify system issues and affect appropriate corrective actions.

Rich Ellett mentioned that if there are hang ups at the hospitals in the transfer of care, that maybe this issue be brought up at the next nurse manager's meeting.

Captain Kantura wanted it known that the paramedics do want to get back in-service. Ken mentioned they have obtained a DVD on defensive documentation for all the paramedics to view. Toledo Fire is trying to raise the bar and trying to get better by doing the right thing in Lucas County and for their department.

Dennis Cole reported there are ramifications if we change the 20 minutes. If there are longer times, more patients will be going to the hospitals by private ambulances. The decision to be out of service longer must address over all system impacts.

Dr. Lindstrom reported such a decision also affects a delay on patient care. Dr. Lindstrom reported Mayor Brown brought up the issue of poor response time to Oregon when the County had the 30 minute mode. We discussed adding another squad, but that was not fiscally responsible and the thing to do was change the time to 20 minutes to be more efficient.

Chief Helminski said he didn't think this was a countywide issue and if we make a change here it does not affect the whole system. Dennis Cole said it does when outlying squads have to come in to cover the city and then the response times to the outlying areas become an issue.

New Business

Chief Fuller mentioned since the County does not report runs to the State, is it still up to the municipalities to do it. The issue is if we do not have to do it, then he can use his resources to do Whitehouse runs.

Gary Orlow reported the county should be doing it. Dennis Cole reported Brent and Bob will be doing the ePCR data mapping elements for State reporting in the summer. We are moving in that direction.

Gary Orlow reported the Polaroid cameras being carried on the life squads will not be supported anymore. Gary mentioned he is looking at the possibility of utilizing digital cameras and asked for input from the committee. Those in attendance mentioned the utilization of the Polaroid cameras has diminished.

Dr. Lindstrom reported it is less meaningful now due to such things as air bags and other protective measures in vehicles it's not a huge issue to see mechanism of injury. It was a trauma services interest, but for the average staff not so much now.

It was decided to have the cameras die by attrition.

Open Discussion

Rich Ellett reported Maumee requested single use Pedi pulse oximetry to be told they have been on back order since February. This will be check into.

Dr. Lindstrom reported we have a LUCAS to evaluate on loan from Physio Control, an external compression device (thumper) for cardiac arrest patients. Physio loaned us two and we will have them for six weeks. We are currently working with Sylvania Fire to use one and waiting to hear back from Toledo if they will participate in helping us trial one. Brent will have one in a response vehicle.

Dr. Lindstrom reported LCEMS has done several trials for the company Advanced Circulatory System. The first product was the ResQPod and the second item was the ResQGARD. Advanced Circulatory System has asked LCEMS to evaluate the CirQLATOR in pre-hospital setting. This device creates a vacuum which augments ventricular filling. Dr. Lindstrom reported this will be the first street field evaluation for the company. Unit 50s and Brent will be doing some call jumping on cardiac arrest patients to use this device. This device has been FDA cleared and will go through an IRB process so we can publish the data.

Next Meeting and Adjournment

The next meeting will be Monday, **May 11th** at 9:00 a.m. With no further business, Ed Herrick made a motion to adjourn. The meeting was adjourned at 10:30 a.m.

Lucas County EMS
Noncredit Course and Instructor Evaluation
Course: 12-Lead ECG
Instructor: Brent Parquette
Course Dates: March 3,4,5,10,11,12,17,18, 2009

COMMENTS

March 3, 2009

- It was said straight forward quiz. There was trick questions. Hyperventilate or normal ventilations. Under protocol vitals for that type of pt. There should have been ETCO² reading according to pt. being intubated. Also, instructors not having to take test BS, there has been times questions asked to them according to protocols scenarios they had to leave to ask questions to get right answer is that right on should instructors be leaders to get higher grades.
- Love the stations.
- First lecture went 90 min & then only 5 min break, need earlier break, everything else is good.
- Great job!! Nice review of 12 lead for those without L.P. 12.
- Good stations.
- Add ePCR to 12-Lead transmit station.
- Excellent information.

March 4, 2009

- Please try to get updated protocols on line, MDT & PCR
- Helpful group sessions.
- Very glad to have received the hard copy of Tab 800. Thanx. Good CE! I like the hands on training.
- Always a great review
- Would it be possible to find out the outcome of our ICE patients? i.e., if patient makes it vs. poor or no neuro activity leading to death later? Good Review!!

March 5, 2009

- Thanks for your help w/National Registry.
- As always, skill stations were great.
- The stations this month were very basic and I did not learn as much as usual from them.
- Some day I would like to work in a group with my own dept., just like all the TFD medics do.
- Why do the instructors not have to take any test. Are they not held to the same standard I am? This is very upsetting. Why Don't you print material on both sides of the paper?!!!
- Great Skill review!
- Good review!!
- Excellent as usual – good job!
- Great review. Interesting changes.

March 10, 2009

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March 11, 2009

- Good Skill Stations
- Good Review
- Suburban crews were a little rowdy. Overall good C.E.
- Handout tracings were difficult to read due to printing.
- Way too many protocol changes!
- Laborious overview of Tab 800 (was excruciating) – and hard to keep up. Perhaps covering the protocol items over, say 3 months, would be conceptually beneficial in terms of our absorption of the material. Nice abbreviated usage of “Regerg”!

March 12, 2009

- Good stuff as always. Follow up on changed protocols would be helpful.
- Always good to review 12 Lead.
- Well run Brent. However, there are a lot of changes and I worry it is becoming increasingly harder to keep up.
- Very good – thanks. Excellent teaching stations – the review is always needed!

March 17, 2009

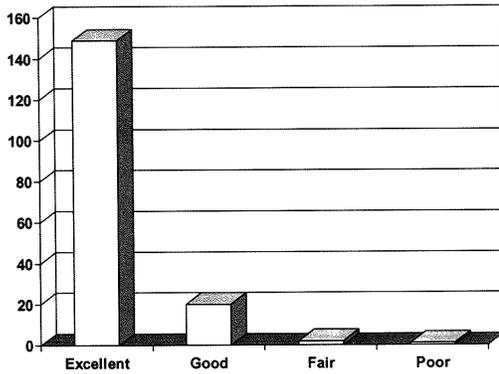
- As always hands on was helpful
- Great information
- I didn't realize our meds were discriminatory to what artery is affected during an MI.
- Work in our own crews – work with Sylvania, train with Sylvania.
- Can't get enough 12-leads.
- Thanks for the hard copies of the protocols! Good review o sending EKG's to ED. Good break-out stations.
- **Complaints:** Issue with stroke alert @ UTMC – have had two in the past two weeks. Dr. Ryno seems to not be on board with EMS calling for the stroke team. We are acting in the best interest of the pt. If the hospital wants to delay care, then what is our point of good pre-hospital care? We should just go back to driving carddis. SLH – is not even looking at transmitted 12-leads during stemi's. If they actually look at them, they are from another LS from a week ago. Flower – transport a patient that was emotionally unstable, asked for additional assistance from staff & security during med control. Upon arrival @ hospital the crew was ignored by staff. Got room assignment by looking on the board. Had to ask staff for security (by leaving pt room and going to nurse's station). Again I ask, why do we do what we do (I feel we, as a system, are providing excellent pre-hospital pt. care) if the hospitals don't seem to give a crap about the pts we bring them. There are feelings that have been brewing for awhile, just got pushed over the edge lately.

March 18, 2009

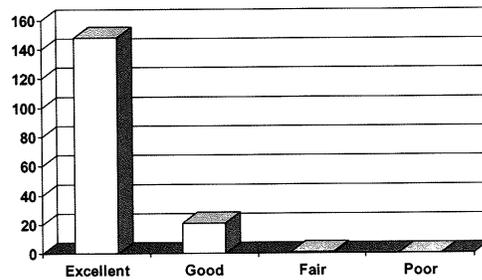
- Stations are great, keep it up.
- Very good
- Excellent updates
- Stations were great review, well organized & user friendly.

Noncredit Course and Instructor Evaluation 12-Lead ECG Review/12-Lead Skills

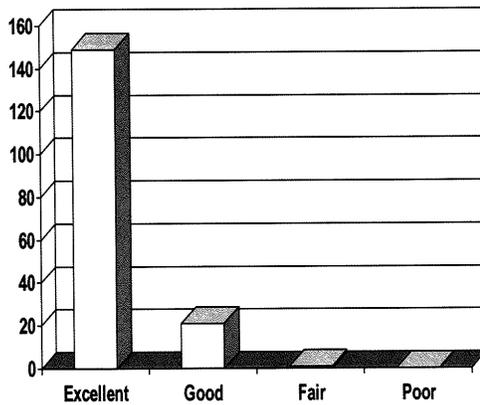
1. The course started on time



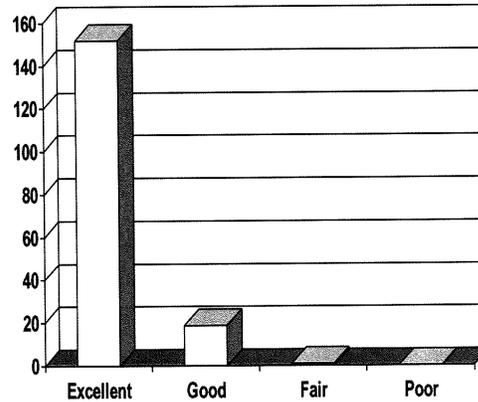
2. Course Objectives were clearly stated



3. Material was presented in an understandable manner



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



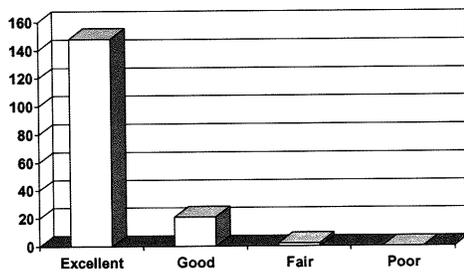
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Number of Evaluations: 171

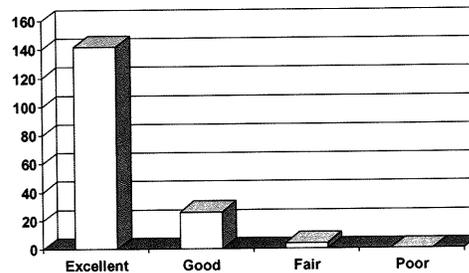
Location: Lucas County EMS

Noncredit Course and Instructor Evaluation 12-Lead ECG Review/12-Lead Skills

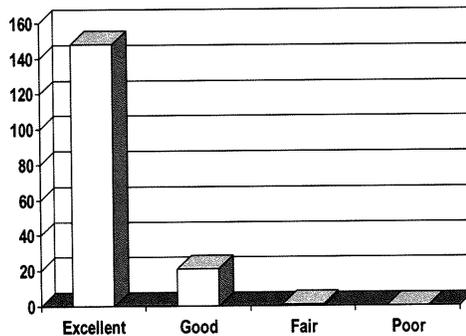
5. The instructor encouraged participation where appropriate



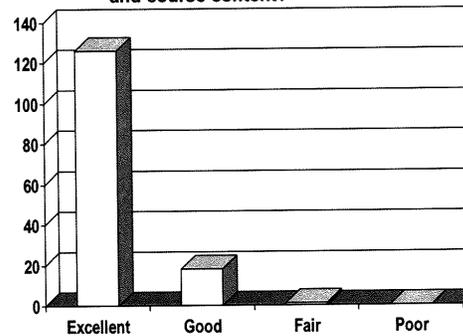
6. Handouts were easy to use and helpful



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



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



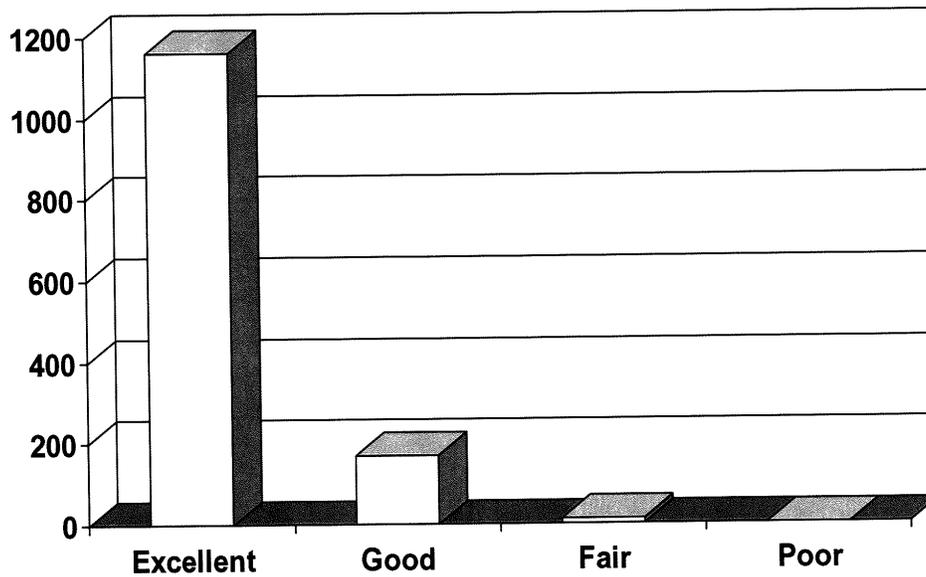
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**Noncredit Course and Instructor Evaluation
12-Lead ECG Review/12-Lead Skills**

Summary of All Responses to All Questions



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