

Paramedic Committee  
Meeting Minutes  
February 11, 2008

PRESENT

Chief Daryl McNutt  
EMS Chief Martin Fuller  
Rich Ellett  
Matt Mathias  
Chief Rick Helminski  
Jeff Nissen  
Brian Dotson  
Ed Herrick  
Captain William Hull  
Glenn Newman  
Kenan Mylander, R.N.

REPRESENTING

Whitehouse Fire  
Whitehouse Fire  
Maumee Fire – LS7  
Maumee Fire  
Springfield Twp. Fire  
Oregon Fire – LS8  
Whitehouse Fire – LS9  
Toledo Fire EMS Bureau  
Toledo Fire EMS Bureau  
Toledo Fire  
St. Vincent Medical Center

STAFF

Dennis Cole  
Gary Orlow  
Brent Parquette

Emergency Services Director  
EMS Manager  
QI/QA

ABSENT

Starr Stockton  
Gina Shubeta  
Ron Murd  
Robert Kendrick  
Tim Treadaway  
Mark Briggs  
Sherry Watson  
Jodi Livecchi  
Shane Hillard or Rod Standiford  
Chief Charles Flack  
Tracy Stanford  
Keith Mooseman

Toledo Fire  
Toledo Fire  
Toledo Fire  
Toledo Fire – LS4  
Toledo Fire – LS3  
Ottawa Hills  
Nurse Manager – Flower EC  
Springfield Twp – LS10  
Sylvania Fire – LS6  
Jerusalem Twp. Fire  
Washington Twp. Fire  
Waterville Fire

**Call to Order**

Chief McNutt called the meeting to order at 9:05 a.m.

**Minute Approval**

The minutes from the January 14, 2008 meeting were available for review. A motion by Chief Helminski to accept the minutes was seconded by Rich Ellett. Minutes were approved as printed.

## **Training**

Brent reported comments from January's CE were available for review. The paramedics reviewed 12 lead. The paramedics were put in small groups and evaluated 20 EKGs and then brought together to go over them. They also reviewed the EPCR data entry. Rich Ellett said he noted in the comments the reference to the morning session going back to 8:00. Brent explained why the morning session was changed to 9:00. The consensus is to continue the morning session at 9:00 a.m.

Brent reported on the January 16<sup>th</sup> comment

“The only way to become proficient with the PCR is to PRACTICE, PRACTICE, PRACTICE, which we know that most people are not going to do. Especially those who do not run on life squads often. The key to getting paramedics to document necessary information is to create as many mandatory fields as possible which leads the writer back to the particular info requested. Mandatory fields ensure proper documentation in certain areas and reduce the stress of the administrators who have to constantly repeat training procedures.

Brent reported to lock the template down and to address areas is being worked on, however, flexibility is needed in many of the fields. With the web PCR, the paramedics will have the ability to transfer “open” reports to a desktop for completion. The ability to create “new” entries on the desktop as opposed to tablet entries. The paramedics will have the ability to “open” software of completed calls to make changes or additions. The changes would be noted in computer document (i.e., change date made by who) at the end of the report. As for the QA piece, Dr. Lindstrom will have the ability to makes notes/comments and the ability to e-mail notations to paramedics.

Brent also reported that he and Gary had a discussion with the Zoll representative regarding these issues. Zoll informed them there is an entity in Saginaw that has used this product for the past several years and it might be prudent to contact them.

Discussion ensued regarding report close out and addendums.

## **Old Business**

Paramedic Committee Participation – Chief McNutt reported the lack of paramedic committee participation was brought up at one of the meetings. Chief McNutt reported he took this issue to the Fire Chief's meeting and there was not a real good feeling of interest from their part.

Rig update – Gary Orlow reported that both rigs are in. One of the rigs had to be sent back to Flint because it had the wrong interior. Gary reported there is an issue with the kill switch. Gary reported the GM chassis' do not have an interlock (foot on the brake before putting the vehicle into gear approach). GM does not have Kill Switches in their vehicles and we can't cut into the electrical system because it would negate the warranty. Gary reported there are some small additional items that are being worked on through the garage and RSVP.

### **New Business**

Rich Ellett reported he thinks the rigs need a temperature controlled cabinet and with the rig committees making decisions, did this get overlooked. Gary Orlow reported this item cost \$1800 and it was not overlooked. Rich commented in the scope of things, this is relatively small and thinks it should be on the rigs. Also he would like to see a GPS system on the rigs. Rich reported with the Garman system it takes less than a minute to put an address in.

Marty inquired into the saline locks. Brent reported there is a "wish" list for the system. Take the list back to their departments and review and prioritize to decide what is important.

### **Open Discussion**

Glenn Newman brought up the issue of the rough ride in LS1. He reported he has ridden in other rigs and they aren't bad even with the bad streets, LS1 is the worst one out there. Dennis suggested bring it in to be checked.

Rick Helminski reported several entities have switched to the Phillips units and asked if there's a way to collect the data. Dennis reported this is being reviewed that Dr. Miramontes brought up this topic up at the Medical Committee meeting. Gary Orlow reported this was discussed at the nurse managers meeting as well.

Gary Orlow reported there are no plans for the county to do it yet. Gary reported Phillips has a cheater plug (adapter) that can be placed on the pads and we wouldn't have to replace the pads. Gary said this can be revisited and look at pricing.

Chief McNut asked about cell phone transmissions and if the county has heard anything. Gary reported no they have not. Gary reported the County doesn't pay monthly charges that we only pay for usage time which has been very cost effective. Gary reported we just purchased the digital phones last year and we would have to evaluate down the road.

Rich Ellett reported he has been asked, which he agrees, about a concern regarding talking to the closest hospital vs. talking to the transport hospital. Rich reported he knows it is policy to talk to the closest facility, but asked if the policy could be changed. Rich cited an example of patient requesting to go another hospital rather than the closest. A lengthy discussion ensued discussing signing AMAs, protocols, medical control and liability issues.

Rich reported he noted in January's meeting minutes Dr. Lindstrom asking if there were any locker issues. Rich reported he witnessed a non ALS person taking things out of the locker. Rich said he did some research regarding how to store supplies and keeping them locked up. He said there are several vending machines that could hold supplies, but they were expensive. A discussion ensued regarding that non ALS personnel could possibly get in, that people pass on codes and give copies of keys.

**Adjournment and Next Meeting**

With no further business the meeting was adjourned at 10:10. The next meeting is scheduled for Monday, March 10<sup>th</sup> at 9:00 a.m.

Lucas County EMS  
Noncredit Course and Instructor Evaluation  
Course: 12-Lead ECG in the ACS – EPCR Review/Update  
Instructor: Brent Parquette  
Course Dates: January 8, 9, 15, 16, 22, 23, 29, 30, 2008

## COMMENTS

### January 8, 2008

- Long Session – Good Review – Helpful
- Splitting up into the small groups to look at the EKGs worked well and increased my understanding.
- Better tracings!
- This was a great class doing the 12 lead with the group was great! I hope we have more classes like this!!
- Very good CE. I liked doing the 12 lead room.
- Good CE. 12-lead refresher helpful!
- When doing breakouts, explain to students TFD is not in charge, it is a group effort!
- Good review.
- Small groups made for better CE.
- Too much content for time allotted. Thanks for break on test!
- Good review.

### January 9, 2008

- 3/10 of 1% says I don't like this class. Go back to 8 am start time. Break stats down by life squad for those of us who would like to see them.
- Small group exercise was good.
- If we only had 82 STEMI's in 2007, we seem to be spending a huge amount of time focusing on less than 1% of our runs. This is good info., but has limited application since it applies to so few incidents.
- 12-lead training was very helpful.
- Good review of 12 leads.
- Good group activities.
- Return morning class to 0800 start time.
- LCEMS STEMI's => 75% of the time, we're right all the time.
- 3/10 of one percent says I don't want to be here.
- Good info!

### January 15, 2008

- I'd rather do a 12-lead test!
- I love 12-leads! Like the group contest! PCR review brutal but great review and needed.
- Too cold in rooms.
- Can't get enough of EKG's.

### **January 16, 2008**

- Turn up the heat!!
- Post test on subject matter 2-3 months ago B.S.
- Had no idea that there was a pre-test online, might want to put a paper out to the stations, or better yet, might e-mail every medic so we can prepare. Since I didn't know I couldn't do.
- Great review.
- Go back to 8-12 for AM class.
- Please reconsider CE time back to 8 AM!
- 12 L review always helpful & welcome. EPCR review needed & welcome. 20 EKG exercise: quality of data prohibits interpretation!
- Always good to do to go over 12 lead.
- The only way to become proficient with the PCR is to PRACTICE PRACTICE PRACTICE, which we know that most people are not going to do. Especially those who do not run on life squads often. The key to getting paramedics to document necessary information is to create as many mandatory fields as possible which leads the writer back to the particular info requested. Mandatory fields ensure proper documentation in certain areas and reduce the stress of the administrators who have to constantly repeat training procedures.
- The break out groups added to the learning experience.
- It was fun. Very good job.
- Great class.

### **January 22, 2008**

- Great Review!
- Very helpful review
- Good job

### **January 23, 2008**

- Excellent job – if all CE's are like this teaching instead of testing will be much better. Makes us like this better – really reinforced some items I needed to review.
- Great review! Good learning environment with variety of activities. Thank you Brent! Please discuss with Lindstrom about calling STEMI with only one box elevation. Many ER Dr's encountered with this, do not consider this infarcting. This leaves "intelligent" medics feeling incompetent.
- Learned more about tough book.
- Very interesting, just every day.
- Good review – enjoyed class.
- Good job!
- Great review! Please add palpitations to patient chief complaint.

### **January 29, 2008**

- Good strips. It's good to look at harder strips that we do not see all the time. Good review on computer.
- SCMH docs (ER) not in the EPCR – Fred Collaco, Jeppesen
- Would have liked to have the handout prior to class.
- Good to review 12 lead ACS cases & protocols. Also good to constantly review EPCR for those who don't use it often.
- Once again 12 lead EKG interpretation skills review and analysis proven to be an invaluable, indispensable course to cover. Due to the very technical and detailed oriented nature of this concept, omission of such a topic would be another short of a travesty.
- Very good review again! The repetitiveness of this review is great. My accuracy in interpretation is improving as is my confidence. Maybe reduce case reviews from 20 to 10. We seem to lose interest after around 10-12.
- Brent, another excellent job!

### **January 30, 2008**

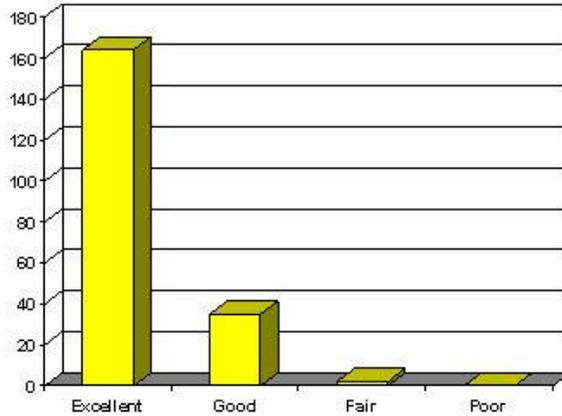
- Online C.E. preparation SUCKS! Not everyone has a computer.
- Love going over 12 leads.
- Some individuals need further training.
- Good job Brent.
- A lot of information for 4 hours. Very interesting. I liked the small group/team play.
- How about we take the individuals who are having problems w/the PCR and retrain them.
- Separate CE for the Toledo guys. They can get lost on their own time.

# Noncredit Course and Instructor Evaluation

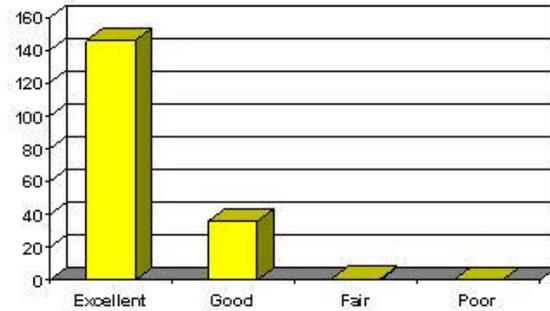
## The 12-Lead ECG in ACS

### EPCR Review

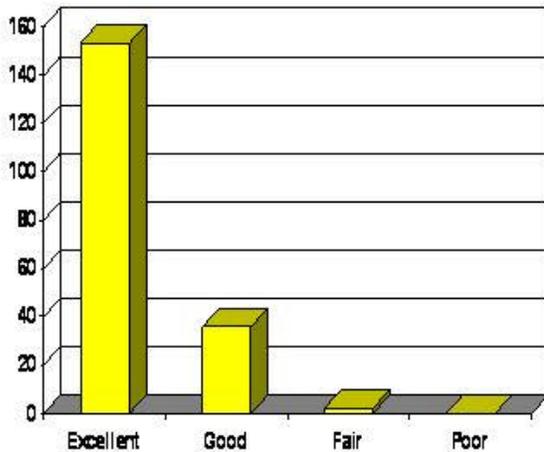
1. The course started on time



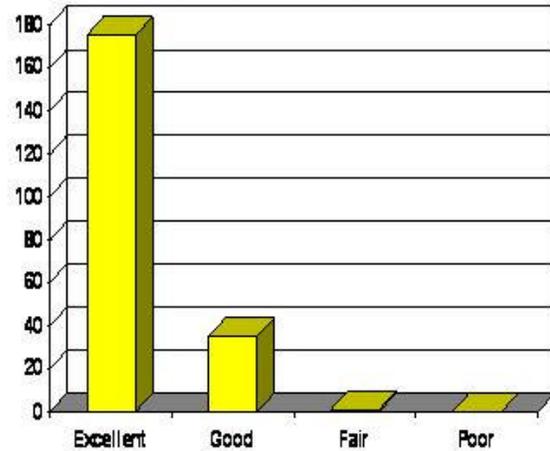
2. Course Objectives were clearly stated



3. Material was presented in an understandable manner



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



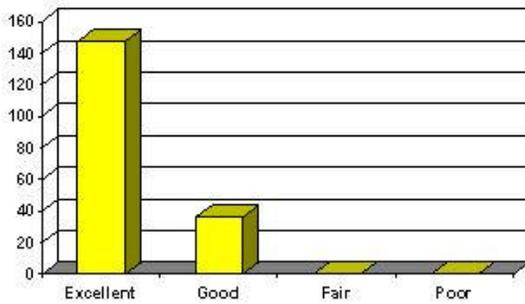
Course Dates: Jan 8, 9, 15, 16, 22, 23, 29, 30, 2008

Number of Evaluations: 202

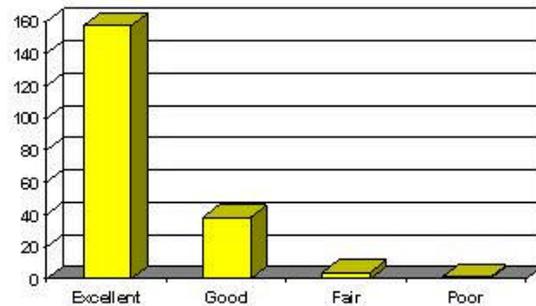
Location: Lucas County EMS

## Noncredit Course and Instructor Evaluation The 12-Lead ECG in ACS EPCR Review

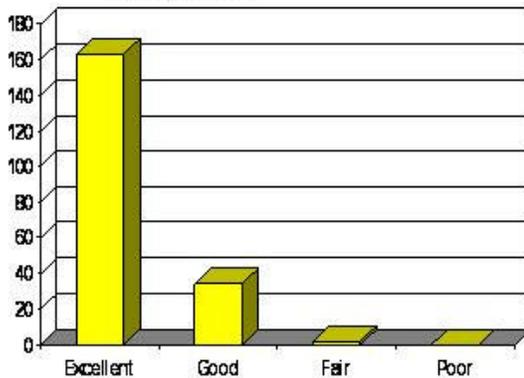
5. The instructor encouraged participation where appropriate



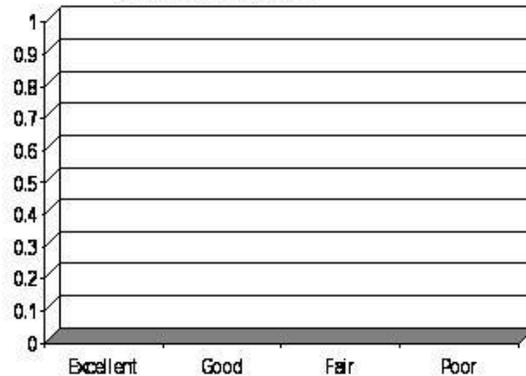
6. Handouts were easy to use and helpful



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



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



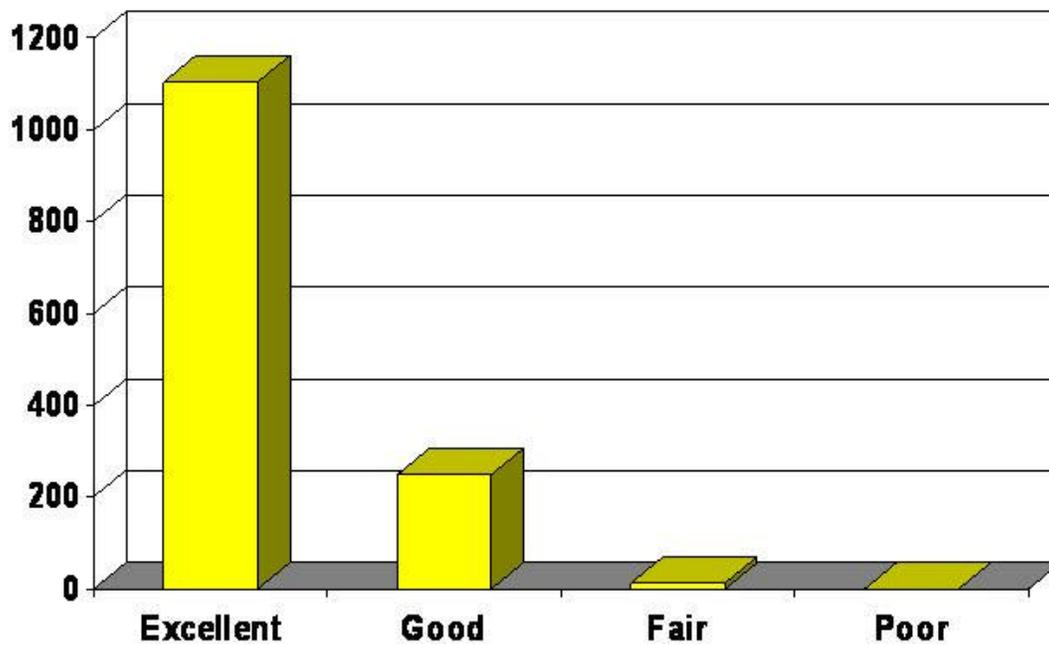
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**Noncredit Course and Instructor Evaluation  
The 12-Lead ECG in ACS  
EPCR Review**

**Summary of All Responses to All Questions**



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