

Minutes of Municipal EMS Board Meeting held on April 24, 2007

The April 24, 2007 meeting of the Municipal EMS Board was called to order by Dr. Michael Levy at 7:05am in Room 830, City Hall at 632 West 6th Avenue in Anchorage, Alaska. A quorum was present.

Present

Dr. Michael Levy, Chair
Dr. Frank Sacco
Dr. Richard Brodsky
Mary Leemhuis, RN
Debbie Gariepy, RN
Sandy Coons, RN
Tim Garbe, FF/PM
Dr. Keith Winkle

Excused

Dr. Gilbert Dickie
Dr. Sami Ali
(Dr. Matthew Wolf, deployed)

Absent

Dr. Tim Silbaugh

AFD Staff

Craig Goodrich, Fire Chief
Michelle Weston, Deputy Chief (Admin)
Doug Schrage, Deputy Chief (Ops)
Erich Scheunemann, Assistant Chief (Ops)
John Kiewik, Assistant Chief (Training)
James White, Division Chief (Planning)
Brian Keene, Assistant Chief (Ops)

Michael Crotty, Chief Medical Officer
Tom Preston, Battalion Chief (Ops)
Chris Bushue, Battalion Chief (Ops)
Jeff Dobson, Battalion Chief (Training)
Jim Foster, Battalion Chief (Ops)
Molly Cullom, Contract Administrator
Rhodora Mallari, Data Associate

Guests

Denis C. LeBlanc, Municipal Manager
Terry Kadel, Assistant Chief, GirdwoodVFD

Bruce Bartley, Fire Chief, Chugiak VFD
Samantha Jedlicki, Transcare

Approval of Minutes from Last Meetings

There was a motion to approve the March 27, 2007 Board minutes, the motion passed. Also Dr. Levy welcomes new Board members Debbie Gariepy, Trauma Nurse Coordinator at Regional, and Sandy Coons, Clinical Supervisor at Providence ER.

Agenda Changes: No changes to Agenda.

Old Business

RMS Replacement Update: Presented by Mike Crotty, Battalion Chief

CAD system upgrade was needed for RMS update, allows us to contract the current version of CAD. Chief Crotty is going to Las Vegas next week to work on the interfacing, and help with contract as well as initial implementation meetings. Las Vegas' EMS environment is similar to ours with the same CAD, FireRMS and Telestaff systems. The contract draft is prepared and will be sent to ROAM when Purchasing completes review.

Reports

Administration: Presented by Erich Scheunemann, Assistant Chief

- Three new medic rigs have arrived to replace Medic 11, 12, and 31 (Chugiak); still need radios installed.

- Propositions 3 and 7 passed: more medic rigs, replacements, as well as traffic pre-emption expansion. Per Chief Goodrich, Proposition 3 is for 4-5 new ambulances. Proposition 7 is for Station 12 expansion, facility upgrades, addition of new engine company, and a replacement pumper for Engine 11.
- Shift Training: several EMS issues including domestic violence and stroke, CPR renewal (ongoing) and ACLS refreshers are underway (ACLS on April 18th, another on May 24, and last one in September).
- There is CMO position vacancy, promotional testing underway with five candidates to fill vacancy right away.
- FF/PM Debbie Schneider retired last week and CMO Frank Nolan will be retiring April 30th. After his retirement, we'll be promoting another CMO.
- On the HemCon bandages, Acting CMO Garbe will pass out training materials to Stations with medic rigs, and will place 2 bandages on each MICU and remaining stock with CMO. Amount is limited for now; each bandage costs \$60 and expires every 2 years. There are protocols and we'll be tracking use and efficacy; Garbe doesn't anticipate this to be used very often.
- Station 4 rebuild is underway, apparatus has been 'farmed out' throughout the department and Medic 4 is currently at Station 14. There have been concerns that some ambulances are getting overused, Chief Scheunemann will run some numbers on Medic 4, 5, and 12 to see run statistics.
- The Resuscitation Conference is June 1st – 2nd at the Sheraton Hotel; approved to issue CME's for physicians, nurses, paramedics and EMT's. Chief Scheunemann thanks Deb Gariepy for assisting especially on CME's.
- CSP: Per Molly Cullom, April 1st contractual services decreased (down one van shift and one Transfer Station monitor) from winter level services. Shift changes have been made to increase night staffing, also new video security system is being installed. Complaints from APD received due to more calls going to them. Per Denis LeBlanc, APD has spoken to the Mayor about their concerns and the significant amount of overtime being incurred, notes that shutting down CSP transports and transferring this work to APD is not a good workable solution. LeBlanc believes that even during this summer the MOA will see significant increase over previous summers; number of transients that APD is observing and AFD is responding to seems to be increasing dramatically. Dr. Levy states Emergency Departments' concerns are when the CSP Transfer Station is filled, then hospitals become depository for the overflow numbers.

Medical Director's Report: Presented by Dr. Levy, AFD Medical Director

- Captain St.Clair is checking further awareness on ambulance safety. The idea of seatbelt use on the ambulance was brought forward by an internationally-known speaker. One of the pushes has been moving to more procedures in the ambulance in motion. Starting IV's is one of the major things we do en route, and John Baumeister pulled some useful statistics on how often we start our IV's and how often anything was put through the saline lock besides the saline.
- Dr. Levy and Debbie Gariepy are working on a project at ARH taking one-year data from Regional, including IV's that were saline locks and no medications were administered through them, and how many times we use those in hospital. There has to be a discriminator in terms of when to start an IV and not, considering the risk of infection to

patient which is high in any field-started IV. We're trying to move data in a direction that makes sense.

- We will likely address a couple of notifications from Providence stating that some of our medics were prematurely taking the monitor off and transferring care of patient to the receiving nurse.
- Pain management issues were discussed, and some case presentations were done. Anticipate talking about cardiology update, which we'll need to address in the near future-- a reasonable thing if you look at the AHA ECC guidelines.
- Metrics are in the process of being revised. The preliminary from March looks very good. Hoping for some revised time metrics for next MAB meeting.
 - Seeing a continual trend downward in most of our responses, something to look at. Dr. Levy suggests shifting our thinking to what is achievable. Years ago, the MAB established what they wanted to see in terms of fractiles; nationwide it's very difficult to get the number.
 - Dr. Brodsky wants to keep looking by area, because the response times differ for Hillside and rural areas of Anchorage. Dr. Levy suggested integrating GPS.
 - Mary Leemhuis is concerned with times on the PCRs not matching up and how often that occurs. Tom Preston suggests it may be a time-syncing issue or it may be due to times being entered and keyed in by a person.
 - Dr. Levy would like to continue monitoring out of ambulance events and wants to focus more reviews on a quarterly basis of different sorts of indicators. Also suggested projecting metrics on overhead to save paper.
- Currency Program update presented by Chief Crotty: Currency is one of the first pieces of overall provider credentialing that Dr. Levy wants to pursue. A requirement is put in place so paramedics in all roles transport patients periodically -- every 6 months, providers not in a primary ambulance role will be required to document 10 patient contacts. It will be reviewed by CMO's and any shortfall will be added in the next period, then forwarded to Training Center for record keeping. First period is 3 months long and ends May 1st; out of about 18-19 people, 5 or 6 submitted it properly. Dr. Levy comments this is one of those integration issues, because this requires people to acknowledge that this is an important thing, and then it requires the Battalion Chiefs to buy into it because it's a hassle for them. They have to reassign a Captain on an engine to do ride time on an ambulance for example, but so far it's starting off successfully. Dr. Levy hopes this will be provided on a quarterly basis for the Board. Dr. Brodsky inquires on the reason behind this; Chief Goodrich comments this is critical because a large piece of AFD's business is EMS, and the expectation is an EMT or paramedic will deliver quality medicine. Chief Crotty adds that these paramedics are practicing at a very limited capacity now.
- Highlights: the team pulled together to get the 2007 MOM out, particularly Erich Scheunemann and people that helped him. Steve Poggi was credited in the department's Controlled Substance management, and Dr. Levy notes we have a Controlled Substance policy and practices second to none. These issues can shut down an organization; it is effort-intensive but a critical infrastructure.

Training: (Not discussed).

AFD EMS QI/PI Report to MAB: (Not discussed)

New Business

AFD Reorganization: Presented by Chief Goodrich

Chief Goodrich expresses appreciation for the commitment to AFD. The assessments, inputs, thoughts, suggestions, and scrutiny of everyone have been critical because many eyes are needed to look at the way our business is done. We want to be the best service because the community deserves it. The reason for the reorganization is to make AFD an organization not afraid to try new things and capable of correcting issues when we identify them. We're seeking to achieve a mobile, live organization that is ready for change and ready to accommodate both external and internal information and input. Part of this change was to streamline the organization, improve the flow of communication and information that provided a span of control that is most appropriate. Chief Schrage and Chief Weston are two key individuals if there are questions or concerns.

- Under the Administration group:
 - Chief Threadgill moved into the Service Area Liaison position. He will interface with myriad of organizations that AFD deals with on a daily basis. Chief Threadgill will no longer be the Fire Department representative to the MAB, that person is Chief Scheunemann.
 - Chief Poggi has been assigned to Finance which is a fairly new position. Chief Poggi is a paramedic with background in finance. It is critical that the Finance individual is familiar with the kind of service AFD delivers. We've discovered that if the queries are built and driven by people who understand what the business is and what information they're looking for, we get higher quality data.
 - Public Affairs: The scope of that delivery of service is in the community. We're going through accreditation now, and one of the things they're looking for is public education and interfacing with the public in providing accident, injury and fire prevention.
 - The Shop is under the Administration group.
 - Plans/Development group is charged with accessing, generating, developing, and analyzing the data that comes from the Data Systems group. Data Systems group is charged with managing hardware. This will give us the tools for identifying where we are, where we want to go, how much energy we need to expend in order to get to our goals.
- Now in Operations, Communications group is going to be an enormously important piece. The Manager and Mayor have challenged APD and AFD to discuss the issues regarding 911 call taking. We think that this is an area where we can achieve some significant increases and we're excited about the possibilities.
 - Chief Kiewik is at Training and Safety. Chief Dobson will be responsible for the delivery of training. We're changing courses in the middle of the stream, discovering different individuals have different levels of expertise, so we want to deliver our training to reach out to our group, to the community, to the hospitals and bring in people to deliver the highest quality of training. We want to bring the best person in and may do that through contracting or pulling somebody from the line with the level of certification and expertise on a temporary basis. This area also includes our Chief Safety Officers (CSO's) and our Chief Medical Officers (CMO's), who have 3 charges: training that has been delivered; delivery of service in the field and going on emergencies of all variety; and the quality of service that we're providing to identify changes or corrections that need to be made, needed training, areas of focus, and so forth.

- Fire Marshall's Office is in Operations group.
- District Chiefs consists of 3 individuals: Chief Strahan, Chief Keene, and Chief Scheunemann. Chief Scheunemann is responsible for the delivery of medicine, for the movement of apparatus, and ambulances. All 3 are responsible for the delivery of care and emergency services in the field. They are on a 40-hour schedule and coordinate all the work that is assigned in their down line.
- Denis LeBlanc comments he and the Mayor have been very supportive of the reorganizing and are comfortable with the model. There are some budgetary issues to work through, which will be phased in as we acquire additional money developing the 2008-2009 budgets.
- Chief Scheunemann doesn't see much of a change in the way EMS will be delivered throughout the city, but thinks overall we'll see a much improved system.
- Chief Goodrich points out that to be the most operationally excellent organization in the United States in emergency services, we need to have fresh thinking in different positions all the time and then have a succession plan. Positions, position descriptions and the job classifications have been re-written and are transportable, this is written so that in 24-36 months, individuals will change and the longest a the person can reside in a position is 5 years. Each year, 1/3 of our group will move into a new position with a number of positive opportunities. It will allow all to be familiar with all of the aspects of our work.
- Dr. Levy comments that it will be the MAB's charge to keep a close eye on what's going on and demand that performance is as a good or better. He has a lot of confidence that this will work out because the underlying sentiment is to improve EMS delivery.
- Mary Leemhuis inquires if paramedics are taken off the actual line or just re-located to administrative type positions, is concerned of possible shortage of paramedics that and how this is going to impact the delivery of care. Chief Scheunemann comments that overall, there will be no immediate change, except for Chief Poggi. Dr. Levy adds that there is significant change, that there are now 3 CMO's as opposed to 6 – the CMO's duty is to respond to EMS scenes. We still have the same number in Battalion Chief Rank – that is CMO's plus the BC's. Chief Bushue and Chief Foster (former CMO's) are moving into BC positions, with responsibilities at fire scenes and presumably directing paramedic operations too.
- Mary Leemhuis and Dr. Brodsky inquire about District Chief responsibilities. Per Chief Scheunemann, all 3 are over the same type of operations, just different geographic areas. They will still be in charge of other operations as well. Chief Schrage states we are meeting daily to divide the work, and how each will relate to one another. We have the 3 District Chief's at the top inter-relating with the 9 Battalion Chiefs and there will be a lot of connectivity between them all. Chief Goodrich adds that AFD is charged with a number of things, and is trying to divide that work because there's a lot. In addition to their geographic area, the District Chiefs will also be responsible for back country rescue, Cook Inlet rescue, and others.
- Dr. Sacco comments that the MAB's job is to ensure the quality of the care and emphasizes the importance of good metrics that measure the health and efficacy of the system. This information is needed to make good judgments about whether the system is working and improving.
- Denis LeBlanc comments that while challenging, the model has the advantage that each individual will have the opportunity to face these challenges, address them, and be successful. He notes in two years the Begich Administration will be gone, so they want to create organizations that will survive administrative changes. If this is successful and

we're delivering the kind of quality service that is expected and demanded, the next Mayor is going to come in and say, "Good organization, it's flexible, it's nimble."

- Tim Garbe shares some thoughts from his peers on the line, noting there's going to be little impact day to day or in the way we're practicing in the field. From the field perspective, there have been some institutional and communication barriers above those personnel delivering services. This model effectively tears this down and will make Administration more responsive to the people that are delivering the services.
- Dr. Levy states that Chief Goodrich has been very progressive and clearly understands EMS role. Dr. Levy notes it seems like nothing is off the table in terms of what might provide better care, and that is very positive; Chief Goodrich has sparked a lot of creativity within the organization itself which allows people to rise to that level.
- Dr. Brodsky was first concerned with EMS being a smaller role, but realized after the discussion that the majority responses in AFD are EMS.
- Chief Scheunemann assures the Board that Dr. Levy still has direct communication to Fire Chief and to himself.

Assembly Ordinance 44

Dr. Levy inquired if any of the Board members have heard anything regarding AO 44. Per Denis LeBlanc, there has been no response heard from the Assembly. Public hearing will be on May 1st; Mr. LeBlanc suggests either the Board Chair or other board member, or the Fire Chief acting on behalf of MAB, attend to address the arguments made in the letter and for questions.

Calls for the 'good of the order'

(None discussed)

Adjournment

The April 2007 EMS Board meeting was adjourned at 8:40 am.