

## **Minutes of Municipal EMS Board Meeting held on August 28, 2007**

The August 28, 2007 meeting of the Municipal EMS Board was called to order by Dr. Michael Levy at 7:01am in Room 830, City Hall at 632 West 6<sup>th</sup> Avenue in Anchorage, Alaska. A quorum was present.

### **Present**

Dr. Michael Levy, Chair  
Dr. Richard Brodsky  
Dr. Frank Sacco  
Dr. Keith Winkle  
Mary Leemhuis, RN  
Debbie Gariepy, RN  
Sandy Coons, RN

### **Excused**

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

### **Absent**

### **AFD Staff**

Craig Goodrich, Fire Chief  
Michelle Weston, Deputy Chief (Admin)  
Doug Schrage, Deputy Chief (Ops)  
Erich Scheunemann, Assistant Chief (Ops)  
Brian Keene, Assistant Chief (Ops)  
Stephen Poggi, Chief Financial Officer  
Chris Bushue, Battalion Chief

Alex Boyd, Captain  
Pat Vincent, EMS Training Specialist  
Jeff Dobson, Act. Assistant Chief (Training)  
Molly Cullom, Contract Administrator  
Rhodora Mallari, Office Associate

### **Guests**

Denis C. LeBlanc, Municipal Manager  
Bruce Bartley, Fire Chief, Chugiak VFD  
Samantha Jedlicki, TransCare

### **Approval of Minutes from Last Meetings**

There was a motion to approve the July 24, 2007 Board minutes; the motion passed.

### **Agenda Changes:**

Mr. Davis, Administrator from AK Regional was present to inform the MAB of the Alaska Regional Stroke Certificate of Distinction by the Joint Commission. Davis states for about 18 months now ARH has been developing protocols and working to becoming a stroke center. The next hurdle is to educate the public. Also requests MAB view ARH as a stroke center and bring potential stroke victims to where they can get the best stroke care.

- Dr. Levy congratulates ARH for all their hard work and thanks Chief Threadgill for his attendance at the meetings.
- Dr. Sacco inquires what the Stroke Center has that wasn't present two years ago; what's changed? Davis states all staff has been through training on stroke care. There is a Neuro Unit, and have been working on the whole program for the last 18 months.
- Dr. Brodsky and Dr. Sacco feel reluctant to take all patients with potential strokes to ARH. Dr. Sacco adds he would like to see how things develop and how things change.
- Dr. Winkle states we need to start seeing more public awareness.
- Dr. Levy suggests leaving the door open for ARH to further convince the board. So just monitor the pulse of the community at this point and revisit it as it becomes necessary to look at.

## Old Business

### **RMS Replacement Update: Presented by Stephen Poggi, Chief Financial Officer**

- The contract is signed; the kick off meeting with ROAM is on September 17<sup>th</sup> where we will map out our implementation plan. We're ready to order the last compliment of the Tough Books to fully outfit the apparatus and grapple the technical issues.
- Guardian representative Mr. Green states their intention of getting a Type I ambulance license. He states they are hoping to have standing orders for this committee by the first week of October. It will just be standard scope of practice as approved by the State of Alaska and standard for what is already happening.

## Reports

### **Administration: Presented by Erich Scheunemann, Assistant Chief (Ops)**

- All 3 of our new ambulances (M11, M12 and Chugiak M31) are in service.
- We're starting to look at specifications for the next bond issue and that will be 4-5 ambulances about 1 year out.
- Memo will be released regarding safety issues, such as patients on gurneys. We'll be applying torso straps to gurneys. In October/November, Safe Kids Alaska will give Safeguard Transport Seats to AFD as a donation; enough for us, as well as Chugiak and Girdwood. These are designed child safety seat made for use on ambulance cots for children weighing 22-100lbs. We'll have more information on that coming up.
- FF/EMT Ryan Staten has returned from Tacoma Internship and will begin AFD Internship in 2-3 weeks.
- AFD new hire testing begins next month with about 30-40 new hires. At this point, we don't how many paramedics are testing. We hope to get at least 15 paramedics out of this group, but we'll know more as the testing goes on.
- Chief Garbe is developing preceptor training and updating an internship program for paramedics.
- AFD is mentioned by name in the USA today article about the CARES program.
- PM staffing is short; 2 stations are down 1 PM, another station due to injuries and family leave. Battalion Chiefs are doing more creative staffing so PM's don't work 16 consecutive shifts on ambulance.
- Liaison update: Chief Threadgill states he is working with the CDC to develop transport protocols for infectious disease patients from the airport. The Training Chief is printing up cards and we're going to roll out at the next shift meeting as well as a presentation to the senior staff at the CDC.
- Chief Goodrich states things are going very well in regards to restructuring. We are looking forward to the new EPCR's database and the roll out. As we get AVL (automatic vehicle locator), we'll be able to get a better look at times, our responses and harder data. We can start a review to apply the most appropriate resources to the emergency at hand, whatever that may be. Dr. Levy explains AVL tells us where our equipment is in real time and the status of the equipment without having to use the radio communications to clog up the channel.
- CSP: Cullom states we're seeing some uptake in numbers, generally as it gets darker and cooler at night; going up to winter level services October 1 which is in standard contract now.
  - Dr. Levy comments regarding the closing of Clitheroe Center; this left CSP with detox referrals not working. The paper stated API will take 2 beds dedicated to detox and Providence's name was mentioned also. Sandy Coons adds Providence

has seen an increase since Clitheroe closed, but was a surprise. Dr. Levy inquires for any political solutions to this.

- LeBlanc states MOA is trying to engage the Native Corporations in the State to come up with funding because this isn't an Anchorage problem. Statistics are overwhelming with 93% of the CSP clients being Alaska Natives and 80% of those are not from Anchorage.
- Brodsky points out the Native Corporations aren't going to invest their money where there is no solution because they're profit making companies, not social programs.

### **Training: Presented by Pat Vincent, EMS Training Specialist**

Last two ACLS renewals will be done in September. Now just waiting for approval on the 2008 schedule; as soon as it's approved, it will be sent to the MAB.

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

- We've seen patient tongues stuck between the lip and teeth of ET tube twice now, it's painful so watch out for this.
- Protocols
  - Revamp Pediatric Protocols: Would like to use nasal Fentanyl. Several articles brought forward showing it as an effective, more humane and easier way to provide pain relief to pediatric patients under 12 without having to establish IV access. If anyone has bad experience on that, let me know.
  - Revamp the Acute Pulmonary Edema Congestive Heart Failure Protocols: We're already aggressive with nitro but should alter the protocols to make it look very aggressive for nitroglycerine for acute pulmonary edema, just every couple of minutes, nitro. A little bit of deviation on how we're doing it now. The teaching has been that, but the written thing hasn't been consistent with that. Use Captopril sublingual which is the 2<sup>nd</sup> line of drug. Captopril works fast. The idea is to use Nitro first, second, third, fourth and as you're doing that, seeing the patient's response to it while the blood pressures still through the roof and add 25mg of sublingual Captopril and hoping by the time they get to us we can apply the bi-pap.
  - Allow Lidocaine in the setting of probable ischemic myocardial injury. Procanamide is on paper but Lidocaine is surfacing again reconfirming that it does seem to work, especially in ischemic tachyarrhythmias. That's the time for us to be likely using it. Amioderone still has not yet been disproven to be effective in ventricular arrest, but we've always known it's a little bit difficult to administer in pre-hospital setting. So people that have spontaneous ventricular tachyarrhythmias without having ischemia, the Amioderone is still probably the best agent; but somebody that's having pressural chest pain Lidocaine is probably good for them.

### **New Business**

(None discussed)

### **Calls for the 'good of the order'**

(None discussed)

### **Adjournment**

The August 28, 2007 MAB meeting was adjourned at 7:45 am.