

Minutes of Municipal EMS Board Meeting held on November 28, 2006

The November 28, 2006 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.

Present

Dr. Michael Levy, Chair
Dr. Richard Brodsky
Dr. Tim Silbaugh
Dr. Frank Sacco
Dr. Sami Ali
Dr. Matthew Wolf
Dr. Gilbert Dickie
Mary Leemhuis, RN
Tim Garbe, FF/PM

Excused

Barbara Simonsen, RN
Peggy Jones, RN

Absent

Dr. Keith Winkle

AFD Staff

Steve Poggi, Chief Medical Officer
Doug Schrage, Deputy Chief, Fire Ops
James White, Deputy Chief, Training
Michael Crotty, Chief Medical Officer
Jim Foster, Chief Medical Officer
Pat Vincent, EMS Training Specialist
Al Tamangi, Communications Officer

Molly Cullom, EMS Support Supv.
Jennifer Chaleunvon, EMS Data Associate
Rhodora Mallari, EMS Data Associate

Guest

Samantha Jedlicki, Transcare

Approval of Minutes from Last Meetings

There was a motion to approve the October 24, 2006 Board minutes, the motion passed.

Agenda Changes

No changes to Agenda.

Old Business

RMS Replacement Update: Presented by Mike Crotty, Chief Medical Officer

- RFP for the EMS ePCR component of this project is on the street; 14 packets have been sent out, hope to get back 5-7. Product selection anticipated to take place in December, then to contract talks. The budget includes grant money expiring end of March, so need to fast track moving forward.
- Bio-surveillance – installed and slowly moving forward on this project.
- Dr. Levy inquired about status on Rosetta. Per Crotty this is still on a 30-45 day testing phase. Couple of transmissions were successful, but still some

challenges. This is a very low cost way of transmitting EKG information from a Life Pack, anticipate another 2-3 weeks to test the equipment.

AQUA: Presented by Al Tamangi, Communications Officer

- Provided QI Summary Report overview, protocol compliance report is to be kept confidential. Beginning the accreditation in medical priority in August. Meeting the overall compliance score, having some issues with the instructions and post-dispatch instructions so have begun training of dispatchers to solve those issues.
- Dr. Levy asked about Determinant Drift: To date have done about 300 calls, of those 289 calls the dispatcher dispatched at recommendation of computer program, 3 calls were downgraded by dispatchers based on information they received, and 7 were upgraded from computer recommendation, and 1 unsure. Plan to resolve these issue with some training, but is a lower priority in comparison to getting rest of scores up to compliance level.
- Staffing has been a problem in Dispatch. Currently staffed with 16 and 4 in training; operating at minimum staffing. All leads are currently training other people. Basically staffing status is 'holding our own'. Implemented new training process – upped from 2 weeks to 6 weeks resulting in better knowledge. In the last 3-4 years there has been a 100% turnover in staff; preparing to request an additional 3 dispatchers and 1 lead. Stress is big factor for turnover; new testing program will be implemented for new staff in January.

Reports

Administration: Presented by Stephen Poggi, Chief Medical Officer

- Peggy Jones, RN has resigned for personal reasons from the Medical Advisory Board.
- AFD issued a public inebriate policy – reiterates hospital-only transport policy for MICU's and requires an ePCR for all patients triaged to APD and CSP.
- Reviewing mutual responses with Girdwood for mile 100-105 on Seward Highway. Seems to be a small but significant response time advantage for their (Girdwood) apparatus. This is roughly at Indian.
- Increase ambulance coverage for AFN this year. Called BLS1, however only BLS about 30% of time. Was dispatch as a second apparatus covering St. 2 area.

Community Service Patrol/ Transfer Station: Presented by Stephen Poggi, Chief Medical Officer

- Peak daily census range is 31-66 admits. Daily Average is 51. October had 1979 admits. Admits are trending up 5% over 2005.
- A person cannot go to CSP if BRAC is over .350, they must go to a hospital. AFD also transports these people to a hospital.
- CSP has added a 3rd van shift thru March, with a possible extension.

- Dr. Levy is providing ongoing QI, instructed the contractor they need to keep a daily log of the check on the glucometers.

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

- State EMS Medical Conference: Some AFD stats were presented and well received. Regarding State EMS Data Project: By law State can require that EMS agencies give EMS Data to the state. Law has not been enforced, however, now State has contracted with an outside contractor from Nebraska who has a formatted way to receive it.
 - AFD has been working on Data stream for years and years, and since AFD is a large percentage of data that comes forth from the State, hopes that it will not cause more work.
 - Need to stay alert and see where this leads.
 - Hopes that the state can pull info from us without having to bring data to them.
 - Doesn't see much in it for the AFD, no financial incentive or offer to help finance.
 - Based on nationally accepted EMS data base. Good news so that any vendor we use will have that and will facilitate merges. Thinks we are pretty lined up for it, but is something we need to monitor carefully.
- Neuro-Alerts: There is a state committee for stroke and push from American Heart Association to form stroke teams and have stroke centers. We are going to see a lot more push in the Emergency Department on this.
 - If you get a Neuro-Alert at your facility, the response is to call CT and tell them to be available for the CAT scan that needs to be done now. Individual practitioners will do what they want with the information.
- Auto-pulse Device – Still some controversies, recently reviewed at AFD shift meeting. One study (Richmond) showed significant improvements and positive outcomes; Aspire study showed no change and worse outcomes however was not a well-controlled study. New upcoming study hopes to determine if Auto-pulse is a good idea and how best to implement it for best result.
 - Will continue using Auto-pulse. Attempt to get it 100% of time with ongoing CPR.
 - Very helpful, but very crew dependent. When used, it gave a better quality of CPR.
 - Has been used on estimated 75-100 patients. Feedback will come in form of cardiac arrest numbers for 2006 when we run those #'s. Feedback is that it is helpful for field CPR, improves quality and crew very supportive to use it. However it is very dependant on crew experience and practice, and how short the period CPR has to be interrupted.
- Also discussed at last shift meeting was trying to find a way to initiate field cooling of people who have suffered VIPT arrest who are comatose but resuscitating.

- Studies show that cooling the person to 92 degrees within 4 hours after suffering VTV arrest leads to better neurological outcome.
- Make sure that staff aware of this.
- Still working on documentation issues with the Medics.
- Field Airways – have been trying to back out of doing as many airways as we were in the field. Efforts are to get people to the hospital in a timely fashion with a good oxygen sack and no complications.

Training: (Was not discussed.)

AFD EMS QI/PI: Presented by Stephen Poggi, Chief Medical Officer

- Some drill downs not very helpful or explanatory.
- Some response times are continuing to trend down. Continue to get a handle on response time issues, items that may be skewing results, etc.

New Business

None

Calls for the ‘good of the order’

Wish to send a letter from the Board to Peggy Jones giving support for her current situation and wishing her well.

December MAB Meeting is expected to be canceled due to Holiday.

Dr. Levy states he believes Barb Simonson, current MAB Chair, and may be intending to move out of state, so will need a new Board Chair.

Adjournment

The November 2006 EMS Board meeting was adjourned at 7:40am.