

Municipal EMS Board Meeting Minutes Form

The May 23, 2006 meeting of the Municipal EMS Board was called to order by Barbara Simonsen at 7:15am, at 632 West 6th Avenue, Room 830, Anchorage, AK. A quorum was present.

Board Members

Present

Dr. Gil Dickie
Tim Garbe, FF/PM
Mary Leemhuis, RN
Dr. Michael Levy
Dr. Tim Silbaugh
Barbara Simonsen, RN, Chair
Dr. Jan Veersart
Dr. Keith Winkle

Excused

Dr. Richard Brodsky
Dr. Richard Navitsky
Peggy Jones, RN

Absent

Dr. Frank Sacco

AFD Staff

Soren Threadgill, Chief of EMS
Pat Vincent, Fire Training Specialist
Doug Schrage, Chief of Operations
Steve Poggi, CMO
Eric Scheunemann, CMO
Michael Crotty, CMO
Frank Nolan, CMO
James Foster, CMO
Terry Kadel, Assistant Chief of EMS (Girdwood)

Guests

Samantha Jedlicki, TransCare Medical Services

APPROVAL OF MINUTES FROM LAST MEETING

Corrections as follows:

- AQUA Program first line: correction in spelling of the word "trend"
- AFD Contract Administrator for CSP Update: add motion passed
- Update on ePCR's left at hospital: add the word may in last statement
- Medical Directors Report: delete last comment

AGENDA CHANGES

None

OLD BUSINESS

RMS Replacement Update – Presented by Michael Crotty, CMO

- RFP document has gone to purchasing for review on Monday, May 22, 2006
- After Purchasing is finished with the review, the document will be turned into a contract
- Infectious disease surveillance software (First Watch) is the next project

AFD Contract Administrator for CSP Update: Presented by Soren Threadgill, Chief of EMS

- Next step in June is to turn CSP contract over to AFD and upgrade facilities
- Dr. Levy: no report on numbers, but everything going okay

Update on PCR's Left at Hospital - Presented by Michael Levy, MD

- Dr. Silbaugh: Staff finds PCR's coming in late are a problem for Status 2 patients. Dr. Levy mentioned these reports can take 20 minutes or more to write up.
- Barb Simonsen: table/close out this topic until it becomes an issue again

REPORTS

Administration - Presented by Soren Threadgill, Chief of EMS

- BLS Internships have been completed
- EMS staff is working on multiple projects:
 - o Updated Infection Control Program policy
 - o Updated Ride Along policy
 - o Subpoenas and Requests for Legal Interviews policy
 - o TransCare dispatch policy
 - o Upgrading Auto Pulse's to new AHA CPR standards
 - o LP 12s – Defib cables recalled (CMO Nolan to take care of replacements)
- Chief Threadgill and CMO Foster met with staff at the University of Alaska – Anchorage about the possibility of starting a paramedic training program in 2007
- Command Staff has been working on ALS Internship placements
- Demonstration of the Auto Pulse being done at Alaska Regional Hospital
 - o If any other facilities would like demonstrations, contact Chief Threadgill
- Chief Threadgill wanted to give a public “Thank You” to all the CMO's for the work they have been doing
- Per Barb Simonsen: “Keep up the good work”

Medical Director's Report – Presented by Michael Levy, MD

- New TBI data reviewed in the EMS Shift Meetings
 - o San Diego RSI and TBI data: San Diego published a follow-up report in September of 2005 published in the Journal of Trauma. This article described the experience with RSI in their system and its effect on outcome in TBI

- Outcome: Paramedic RSI was associated with worse outcomes in TBI
- Caveats: RSI and medevacs did slightly better despite a longer scene time. The only notable difference was that ground RSI was associated with lower ETCO₂ than with medevac crews. Possible contributing factor of hyperventilation? (Recall that decreased ETCO₂ is also associated with decreased cardiac output)
- Science behind Respiratory Impedance Device
 - Next step is to take “Road Show” to hospitals. The facilities are lagging behind the mark that AFD has already reached
- No AQUA report this month
- CMO Foster will have report next month
- Dr. Levy to speak at the next Citywide Trauma Meeting

Training – Presented by Pat Vincent, FTS

- First Trimester EMS is finishing up
- PreHospital Trauma Life Support: Just completed recertification for instructors
- July will be target date for reprogramming of AED’s to new AHA standards
- Tim Garbe asked if internship evaluation criteria can be sent out (Pat Vincent to follow up)

AFD EMS QI Report to MAB - Presented by Soren Threadgill, Chief of EMS

1. Ambulance requested but not available to dispatch (Code Red criteria)
 - Treading up – not good – units in training
2. First response (call received @ AFD dispatch) to at code red patient within 6 minutes
 - Treading down 65% good- training issue
3. ALS (call received @ AFD dispatch) to a code red patient within 8 minutes and 6 minutes
 - We are seeing changes due to increasing traffic during the summer
4. MICU response (call received @ AFD dispatch) to at code red patient within 8 minutes.
 - Barb Simonsen: #3 & #4 look the same. Why?
 - CMO Nolan: Problem is the data script
 - Walter is rewriting script for # 3
7. Customer Satisfaction: Respondents citing adequate pain relief
 - Barb Simonsen: What did you do to change # 7?
 - CMO Scheunemann: Two cards returned over the past month
 - CMO Nolan: Check if Medical Billing Services is still sending out cards
10. First defib shock delivered within 6 minutes of call received for v-fib
 - Barb Simonsen: This QI metric should be removed
11. Oxygen saturation of 88% achieved in respiratory arrest victims
 - CMO Crotty: Goal set by the Board 100% - based on documentation
12. Status 2 pediatric (age<12) care compliant with protocol
16. 12 – Lead ECG interpretation

- Lack of documentation
- Dr. Levy added poor tracing criteria
- Lack of skin preparation might be the major cause of poor tracings
- Barb Simonsen requests any QI metrics that don't have any tracings available should be dropped

NEW BUSINESS

Management of Autonomic Dysreflexia (A. D.). See attachment below.

Management of Autonomic Dysreflexia (A.D.)

Screen every spinal cord lesion for A.D. and identify in documentation.

Request written orders for management.

Monitor blood pressure for all A.D. patients during bladder or bowel programs.

Remember: A.D. may be occurring even if BP is not elevated. Look for symptoms and BP elevation from the patient's norm. This is a warning that the patient is in A.D. and that conditions could worsen!!!

Stop and contact the doctor if patient is in A.D. before proceeding.

Initiate protective measures:

- Elevate head to 90 degrees
- Loosen clothing/appliances and check for skin breakdown
- Monitor blood pressure every 2-3 minutes
- Assess for noxious stimulus:
 - *Bladder first
 - *Bowel second
 - *Skin/wounds third
- If you treat bladder or bowel, follow treatment plan:
 - *Use anesthetic ointment before beginning treatment
 - *Proceed only if BP is < 150
 - *If BP is >150, get order to treat high BP before treating farther

- National Veterans Wheelchair Games – Medical Support
 - o PowerPoint presentation attached for viewing
 - o Any questions direct to Chief Threadgill
 - o Contact person Cynthia A. Joe, MD, Chief of Staff, Alaska Veterans Affairs
 - Cynthia.joe@va.gov

CALLS FOR THE GOOD OF THE ORDER

None

ADJOURNMENT

The meeting adjourned at 8:15am by Barb. Seconded by Gil Dickie, MD

Minutes submitted by Avonda Perry, EMS Ops