



# **EMERGENCY MEDICAL SERVICES** **MEDICAL ADVISORY BOARD**

## Minutes of October 27, 2004 meeting

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A meeting of the Emergency Medical Services Medical Advisory Board was held on October 27, 2004, at the Daytona Beach International Airport – Volusia Board Room, Daytona Beach, Florida. Dr. John Shedd called the meeting to order at 6:15pm.

### Members present:

- John Shedd, M.D., FACEP, Chair, Volusia County EMS Division
- Thomas Beaver, M.D., Volusia County Medical Examiner
- Paul Martin, M.D., Florida Hospital – Fish Memorial
- Arlen Stauffer, M.D., Bert Fish Medical Center
- Pete Springer, M.D., Halifax Medical Center
- Howard Rodenberg, M.D., Volusia County Health Department

### Guests Present:

- Dan Scales, Ponce Inlet Fire
- Jim Terry, Ormond Beach Fire
- Bob Staples, Deltona Fire
- Matt Zavadsky, Volusia County EMS

### **Welcome and Introductions:**

The Chair opened the meeting with introductions.

### **Hurricane Responses:**

Matt Zavadsky provided preliminary report on the statistics from various EMS agencies and hospitals for the three recent hurricanes stating that basically EMS call volume and emergency department visits tripled during Charley and Frances, but remained fairly level during Jeanne. The Board members offered to review the stats with their own facilities to assure complete accuracy for the final report that will be included in the EMS After Action Report for County Emergency Management.

### **Creation of a Trauma Agency for Volusia County:**

At the April 20, 2004 MAB meeting, Dr. Wiener suggested the Board be provided an overview of the state's Trauma Agency system and discuss the advantages and disadvantages of creating a Trauma Agency for Volusia County. At the July 20<sup>th</sup> Board meeting, the members requested that Dr. Shedd and Matt meet with Halifax to brief them on the issues raised by the Board. Dr. Shedd explained that a meeting with Dan Lang, Dr. Meek, Dr. Fabian, Mr. Mike Mellon and Matt was scheduled on October 21<sup>st</sup>, but needed to be rescheduled due to a last minute schedule conflict.

Dr. Rodenberg inquired as to the real benefit of a Trauma Agency when we already have a Trauma Center in the community. Dr. Shedd explained that at previous meetings the Board requested investigation of a Trauma Agency formation to provide integrated CQI process for the trauma system, provide external CQI oversight for the trauma center, coordinate potential funding streams and provide overall enhanced trauma services county wide. He further explained that the State EMS Bureau is strongly pushing the creation of a Trauma Agency in each Trauma Region to serve as a community based decision maker for the trauma system.

Matt also offered that recent developments of other enhanced clinical programs such as Cardiac Centers and Stroke Centers are on the same legislative and regulatory path as trauma systems were several years ago. He further explained that a "Trauma Agency" could possibly evolve into a comprehensive external CQI entity for those programs as well.

Board members then engaged in significant discussion regarding the Trauma Agencies in other communities. It was suggested that staff gather information from diverse Trauma Agencies and put together a "what works, what does not work" overview for the January 2005 MAB meeting.

**EMS Grants Program:**

Matt Zavadsky provided an overview of the EMS Grants allocated by the EMS Trust Fund Advisory Board in August and approved by the County Council in September. The EMSTFAB granted \$200,122 for EMS programs ranging from enhanced technology for EMS data reporting, clinical equipment upgrades and the AED program.

Matt also explained that the State EMS Bureau recently advised the County that the actual EMS Grant amount would be about \$15,000 less than originally anticipated. Upon further investigation, Matt found that the amount of traffic fines (the basis for the EMS Grants) was less than last year by over \$20,000. Of the grants awarded, \$58,000 was allocated for the Public Access Defibrillation program and to prevent recalling money already granted to the EMS agencies, the amount of the AED money would be reduced accordingly.

**AED Loaner Program:**

As requested by the EMS MAB in July, Dr. Shedd and Matt met with cardiologists in the community regarding the efficacy of the program and patient selection. The cardiologists were extremely supportive and offered to review criteria developed by the EMS Division and even select patients for the program. There has been significant concern expressed by County legal and risk management regarding the program. Matt has contacted the American Heart Association to see if they would be interested in 'hosting' the loaner program with AEDs granted to them by the County. No response as of yet from the AHA.

**Emergency Department Diversion Policy:**

Dr. Shedd opened the discussion by stating that hospital diversion of EMS patients is a growing concern in the EMS system. When a hospital places itself on diversion, it has immediate adverse effects on the other hospitals. All MAB members agreed and several stated that their own institutions had instituted a "no-diversion" policy. All Board member agreed that only the EMS Medical Director should be authorized to put a hospital on diversion after consultation with the E/D physician. The Board members felt this would more effectively address the issue.

After significant discussion, Dr. Shedd was asked to DRAFT a non-diversion policy for the EMS system which states that only the EMS Medical Director can place a hospital on diversion and that the decision would be based on ambulance delays in the emergency department. Once drafted, the draft policy would be distributed to the MAB members for comment. Once comments received, Dr. Shedd and Matt shall bring the policy to the area hospital CEOs for further comment and review. The MAB will review the final policy at the January meeting.

**Community Health Project:**

Dr. Shedd briefed the Board on a project currently in the works in conjunction with the Volusia County Health Department. It is an EMS based community health project which is designed to bring mobile health resources into the field for at-risk patients. The project has several components:

- Identification and referral of at-risk patients to social service organizations
- Well-being visits to at-risk patients
- Providing scheduled healthcare services in the home such as I.V. therapy, blood glucose monitoring, 12 lead ECG tracings, blood sample drawing, dressing changes, etc.
- Treatment and transport to alternative destinations other than hospital emergency departments
- Treatment and transport to alternative destinations using alternate transport options

Dr. Shedd further explained that in addition to the obvious patient benefits, this program would benefit the overall healthcare system by identifying and intervening with patients before they become critical and need to be taken to an emergency department, thereby reducing E/D overcrowding. EMS providers would benefit from additional patient care experiences and skill utilization.

Dr. Shedd and Matt have met with almost all fire chiefs who are very supportive of participating in the program and with the large payer organizations who are also interested in the program. The payers may also be willing to participate by funding the community health services provided.

The MAB membership whole-heartedly endorsed this program as a significant enhancement to the services provided to the community.

**Open Discussion:**

STEMI Program – Dr. Stauffer commented on a clinical program recently enacted in another county which has reduced the total time from the onset of an acute myocardial infarction (AMI) symptoms with ST Segment elevation. Patients are sent directly from E/D assessment to the cardiac catheterization lab for interventional catheterization. Dr. Stauffer felt that this program has significant clinical merit and should be explored for possible implementation on Volusia County.

After discussion by several MAB members, it was suggested that Dr. Shedd draft a position paper on the merits of a “Code STEMI” project for adoption by the MAB. The position could then be used to promulgate programmatic enhancements to achieve the minimal pain-to-needle time for AMI/STEMI patients.

**Adjournment:**

Being no further business, the EMS Medical Advisory Board meeting was adjourned at 7:20pm.