



## Minutes of the Medical Advisory Board

Daytona Beach International Airport, Volusia Room  
June 3, 2010, 6:00 p.m.

### Members

Peter Springer, MD, EMS Medical Director (chair)  
Larry Alexander, MD, Central Florida Regional Hospital  
Michael Gable, DO, Florida Hospital Memorial Medical Center  
James Henson, MD, Volusia County Medical Society  
Paul Marton, MD, Bert Fish Medical Center  
Paul Mucciolo, MD, Deputy EMS Medical Director  
Gerard Necomer, MD, Florida Hosdpital Fish Memorial  
Tracy Weiner, DO, Florida Hospital DeLand

### Guests

Pat Stark, Director of Nursing, Florida Hospital DeLand  
Beth Hooks, Nurse Manager, Florida Hospital DeLand  
Michael Mellon, Executive Director, Emergency Medical Foundation, Inc.  
Mark Wolcott, EMS Director

Dr. Springer introduced Dr. Mucciolo as Deputy EMS Medical Director. Dr. Mucciolo shared his background in the area with the members.

Sr. Springer reviewed recent protocol updates with the members. Those updates included the storage of lorazepam on EMS units at ambient temperature. Previously, the drug was allowed to remain unrefrigerated for ninety days. A review of literature necessitated revisiting the protocol to allow no more than ninety days at ambient temperature storage. The decision is parallel with a published study from a medical director in another Florida EMS system.

Dr. Weiner queried as to whether an antiemetic has been added to the inventory. Dr. Springer indicated in the negative, but was open to suggestions from the board.

Epinephrine dosing was clarified in protocol due to recommendations on the Broselow Pediatric Tape. Specifically, all intravenous and intraosseous dosing of epinephrine

under protocol for cardiopulmonary arrest is based upon the 1:10,000 concentration. 1:1,000 dosing remains available for rare cases in which only endotracheal intubation is available as a route of delivery.

Finally, Bert Fish Medical Center was added as a primary stroke center.

Dr. Springer discussed an enhancement to the existing emergency medical dispatch (EMD) program that was put in place June 1, 2010. The enhancement was aimed at identifying non-emergency 9-1-1 calls and appropriately querying the caller to determine a more appropriate response configuration (fire-only, ambulance-only, or fire and ambulance) and urgency (non-emergency or emergency). The enhancement addresses responder safety through a reduction in the number of responding units and urgency as well as public safety by leaving resources available for true emergency calls.

Although originally embraced by nearly all providers, support has waned.

Dr. Springer emphasized that many of the 9-1-1 responses are non-emergency in nature and the program was extended to avail resources formerly committed to these call types. Furthermore, he emphasized that response reductions do not impact emergency responses. A built-in safety net allows the communications center to deviate from recommendations in favor of a more robust response when an emergency medical condition is remotely anticipated.

EMD is not a new program. Mr. Mellon indicated that it has been used in Volusia County for two decades. Dr. Springer added that the program is used globally.

Skilled nursing facilities were among the areas in which reduced responses were anticipated.

Despite cooperative efforts, many municipalities have opted to continue to respond to all requests regardless of EMD classification and response recommendation. Mr. Mellon clarified that EVAC will adhere to recommendations; however, if another agency requests an ambulance to respond, it will.

Response configurations and urgency recommendations are based upon historic system data. Specifically, the probability of transport was used to determine fire- versus ambulance-only responses. Reciprocally, the frequency of emergency transports was also evaluated. The program has been discussed with the various City Managers and that group supported the methodical implementation.

On an unrelated topic, Dr. Springer shared past conversations with board members that local emergency departments may be faced with a question from fire department field units as to whether they can transport patients with injuries or illnesses with high acuity. The question parallels conversation about limited ambulance transport by fire department when EVAC may be delayed. Members were told that authorization to

transport is regulated through legislation and accompanying regulation by the State of Florida.

Dr. Springer also discussed interfacility transfers with the board in light of a recent verdict in a civil case involving EVAC Ambulance.

Mr. Mellon provided a brief overview relating to an interfacility transfer from a local emergency department. The patient – twenty-five week gestation – was being transferred to Arnold Palmer Hospital for Women and Children and had a precipitous delivery during transport. He continued indicating the basis of the suit was that paramedic should have declined transfer despite an emergency physician at the originating hospital indicating it was a stable patient for transfer. The subsequent verdict has raised concern nationwide as to the responsibility of EMS in the decision process of which transfers are permissible.

Based upon the potential ramifications of the above litigation, Dr. Springer is looking for the board to recommend parameters for the development of interfacility transfer protocols. Appropriate equipment and personnel on the ambulance need to be included in this document. As this protocol will affect every local hospital, each hospital's input is solicited.

Dr. Springer asked member if the receipt of patient care reports and 12 lead ECG's is improving. Dr. Gable commented that receipt of reports is insufficient. Consensus was that improvement is needed.

Mr. Mellon feels that most hospital medical records departments are receiving the information. The members felt as though the information is needed in the emergency department for review by the physician. Although overall delivery is improved over the past, continued improvement is needed and desired. EVAC IT department is available to aid this process.

Dr. Weiner questioned if 12 lead ECG's were only being transmitted in the presence of ST changes. He raised the question as it related to isolated problems that have been encountered. Dr. Springer asked that quality assurance problems be directed to the agency and if not satisfactorily addressed, forward to the EMS office.

Dr. Weiner opined that 12 lead ECG transmission should occur more frequently, not just when ST elevation is suspected. Dr. Springer agreed. Dr. Weiner queried the ease of transmission and Mr. Mellon replied there is some delay – as much as 10 minutes – but recent changes have shortened that to less than two minutes.

Dr. Newcomer and Dr. Alexander discussed the interface between facilities on STEMI patients. Dr. Alexander indicated better than average door-to-balloon times indicate the interface is sound.

Dr. Springer asked what the activation threshold was at Central Florida Regional. Dr. Alexander indicated the catheterization lab was activated based upon EMS notification, but the cardiologist was notified following patient arrival.

Finally, the transport protocols form Volusia County Prehospital Standing Orders and Treatment Protocols were distributed. Members were asked to review and provide suggestions for change by email or at the next meeting.

With no further business, the meeting was adjourned at 7:00.