



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

### **Minutes of April 11, 2006 meeting *"DRAFT"***

---

A meeting of the Emergency Medical Services Medical Advisory Board was held on April 11, 2006, at the Daytona Beach International Airport – Volusia Room, Daytona Beach, Florida. Dr. Peter Springer, EMS Medical Director called the meeting to order at 6:03 pm.

#### *Members present:*

- Peter Springer, M.D., Volusia County EMS Medical Director - Chair
- Dr. Jerry Brand, Volusia County Health Department
- James Henson, M.D., Volusia County Medical Society
- Paul Marton, M.D., Florida Hospital Fish Memorial
- Arlen Stauffer, M.D., Bert Fish Medical Center
- Tracy Weiner, M.D., Florida Hospital - DeLand

#### *Guests present:*

- Mike Mellon, EVAC Ambulance
- Randall Mitchell, E/D Director, Florida Hospital Memorial System
- Darlinda Copeland, RN, VP – Clinical Services, Florida Hospital Memorial Division
- Matt Zavadsky, Volusia County EMS Director

#### **Welcome and Introductions:**

Dr. Springer opened the meeting with introductions.

#### **Minutes of January 23, 2006**

The minutes of the January 23 meeting were approved by unanimous consent.

#### **Hospital and Field Diversions:**

Dr. Springer initiated the discussion by sharing that many of the EMS System paramedics bypass certain hospitals, especially with non-Trauma Alert trauma patients. The medics explain that the hospitals often complain if a borderline patient arrives. Dr. Springer further explained that in a growing percent of incidents, E/D docs are diverting patients when EVAC calls in with a patient report.

Dr. Springer explained that the practice of hospitals selectively diverting patients that are already enroute is a significant legal and logistical problem. Some members MAB discussed the fact that at times it is appropriate for patients to bypass local hospitals, such as head injuries with LOC and similar cases. Dr. Springer reminded all that there is currently a specific diversion policy in the county and hospitals cannot divert patients unless the diversion policy is followed. If after assessment, it is appropriate to transfer the patient, every hospital has policies in place for that situation.

Dr. Weiner suggested that the EMS Division do a 100% QA process for diverted patients to see the extent of the problem and if there are any patterns. Dr. Springer agreed and we will start this process and provide feedback to the MAB.

**Airway Management Protocols:**

Dr. Springer reported on a series of discussions occurring with a diverse representation of the EMS system comprising a protocol committee regarding the continued use of endotracheal intubation for airway management. Recent recommendations from the American Heart Association include a de-emphasis on endotracheal intubation, especially for occasional-use providers. Further, the AHA cited numerous where there was no survival difference between BLS airway maneuvers and ALS airway maneuvers and that medications administered via an endotracheal tube were not effective.

Based on the recommendations from the AHA, as well as the clinical performance in our own system, Dr. Springer is considering the use of the Combitube as the first-line ALS airway adjunct for cardiac or respiratory arrest patients. Dr. Springer continued that he was getting significant resistance from the paramedics for this change and sought input from the MAB members.

Most MAB members indicated strong support for the recommended change, in many cases depicting specific scenarios where patients came to the E/D with airway management issues. A few MAB members expressed concern about the further degradation of skills if the changes were implemented. Dr. Springer stated he was applying for a grant to use a mobile human patient simulator to help keep at least some base-level proficiencies.

At the end of the discussion, all MAB members were supportive of the change.

**Trauma Transfers and Non-Trauma Transports:**

Dr. Springer stated that this topic was adequately covered in the "Hospital and Field Diversion" discussion, but asked if any of the MAB members were aware of inter-facility transfer issues. Most MAB members indicated that the Halifax Transfer Center been much more responsive and the ED-to-ED transfers of Trauma Alert patients was working beautifully.

**MCI Drill:**

Matt Zavadsky briefed all members regarding the upcoming countywide MCI drill on 4/28/06.

**Use of Amiodarone:**

Dr. Springer stated the protocol committee had discussed extensively the benefit of putting Amiodarone into protocol. Most of the MAB members indicate that they rarely if ever actually use the drug. The MAB generally recommended against field providers using amiodarone.

**Adjournment:**

Being of no further business, the EMS Medical Advisory Board meeting was adjourned at 7:30 pm.