



Minutes of the Medical Advisory Board

Daytona Beach International Airport, Volusia Room
October 19, 2010, 6:00 p.m.

Members present

Peter Springer, MD, EMS Medical Director (chair)
Marie Herrmann, MD, Volusia County Medical Examiner's Office
Paul Marton, MD, Bert Fish Medical Center
Gerard Necomer, MD, Florida Hospital Fish Memorial
Bonita Sorensen, MD, Volusia County Health Department
Tracy Weiner, DO, Florida Hospital DeLand

Guests present

Carol Grigg, MD, Flagler County EMS
Beth Hooks, Nurse Manager, Florida Hospital DeLand
Amy Kelley, Florida Hospital DeLand
Michael Mellon, Executive Director, Emergency Medical Foundation, Inc.
Mark Wolcott, EMS Director

Handouts

Agenda, October 19, 2010 (1 page)
Minutes, June 3, 2010 (4 pages)
Pinellas County EMS Critical Care Medical Operations Manual, August 1, 2008 (123 pages)

Dr. Springer opened the meeting and welcomed members and guests.

Minutes from the June 2010 Medical Advisory Board (MAB) meeting were approved without modification (Dr. Marton/Dr. Newcomer).

Dr. Springer opened the meeting with an overview of a new program being implemented in the county: contingency transport. The purpose of the program is to allow transport capable assets within the fire departments to provide ambulance transport to persons with unstable emergency medical conditions when an EVAC ambulance is delayed.

Specific parameters outlined were: contingency transport provider must be on scene for ten minutes providing assessment and rendering appropriate care and there must be an unstable emergency medical condition.

Dr. Weiner asked if training, equipment, and other medical supplies were comparable to what EVAC maintains. Dr. Springer replied that a curriculum was being developed by some of the agencies interested in participating and that it would be shared with MAB members. As for equipment, it is virtually identical in that some of the participants may not be able to transmit 12 lead ECG's. Some members expressed concern, but felt those concerns could be addressed as the program unfolded.

The conceptual plan to review these reports was discussed. As part of the quality assurance (QA) process, Dr. Springer may be reaching out to local emergency departments to seek assistance in determining the efficacy of transports under this program.

Dr. Springer also revisited previous discussion on creating interfacility transfer protocols. The need was dictated following resolution of a civil suit involving EVAC Ambulance discussed at the June 2010 meeting. A copy of Pinellas County protocols was circulated to the group for review and discussion at a future meeting. All members were encouraged to provide input as the potential impact may alter the manner in which patients are transferred out of their respective facilities.

Medication shortages continue to plague prehospital services. While lidocaine has been an issue in recent months, supplies have returned. Presently, morphine is difficult to obtain and apparatus are dropping below established thresholds. An alternative drug (hydromorphone) was considered, but similar shortages were affecting this agent.

Relating to pharmaceuticals, Dr. Springer shared provider concerns over the current benzodiazepine, lorazepam. Protocol was changed earlier this year relating to unrefrigerated storage of the agent. Previously, ninety days storage was allowed at ambient temperature. This was reduced to thirty days to parallel a published study by a Florida EMS medical director. Alternative benzodiazepines were discussed, but the group consensus was that lorazepam was the best agent for the intended use of prehospital providers.

Dr. Springer updated the group on the progress of emergency medical dispatch (EMD). Specifically, the Sheriff's office has been providing the enhanced service since June 1. The Regional Communications Center (RCC) came on line in August. Mr. Mellon clarified to the group that EMD has long been a practice in the county and this recent change simply enhanced the process. Dr. Springer revisited that response *configuration* and *urgency* were reviewed and modified. Communications centers are now making a greater effort to triage requests for service and send an appropriate unit or units. The changes only affect non emergency requests. Emergency medical conditions continue to receive a conventional dual unit, emergency response. The program is consistent with how agencies around the globe better manage resources.

Members were reminded that any suggested modification to the transport protocols disseminated at the June 2010 meeting need to be received in the EMS office by December 31, 2010.

Dr. Weiner queried if particular services offered at hospitals could be included so as to allow field personnel to make more appropriate decisions regarding hospital selection. Specifically, patients that may require a service not offered at a particular hospital could be routed to a hospital offering services.

Dr. Newcomer suggested the possibility of modifying trauma transports to allow non-trauma alert patients with clinically substantial injury to be brought to a trauma center with more readily available services.

Dr. Grigg shared with the group a prehospital competition taking place in Flagler County and invited members to observe. She also briefly discussed some of the tools recently available to prehospital personnel; including new features offered with laryngoscopes and assessment tools for perfusion.

Mr. Mellon updated the group on a program being alpha-tested at EVAC Ambulance. The Back of Ambulance program provides real-time data transfer from the cardiac monitor to the receiving hospital. In addition to the 12 lead ECG, standard monitoring, non-invasive blood pressure and other vital signs can be monitored directly in the emergency department during transport. Dr. Weiner asked what hardware was necessary for the interface. Mr. Mellon replied it is a web-based application and any terminal with internet access can be utilized.

Dr. Newcomer expressed a desire to have a patient identifier on 12 lead ECG's brought in by field personnel. Mr. Mellon responded that the capability presently exists and it was believed that it was a training issue for the individual.

Having no other business, the meeting was adjourned at 7:00.