

El Paso County EMS Medical Director Committee  
August 1, 2019  
Summary Notes

Attendance:

Dr. Matt Angelidis	Yes, Phone	Dr. Brett Banks	Yes
Dr. Stein Bronsky	Yes, Phone	Dr. Jeremy DeWall	Yes
Dr. Sean Donahue	No	Dr. David Hakkarinen	Yes
Dr. Tim Hurtado	Yes	Dr. Jessica Walsh	Yes
Dr. Eric Wu	Yes	Dr. David Listman	Yes
Shonee Bullin	Yes	Sam Adams	Yes
Kim Schallenberger	Yes	Jayne McConnellogue	Yes
GUESTS:	Samer Haidar	Donna Stringer	Pam Elser
Dan Huddle	Michael Fournier	Elizabeth Dienst	Lynann Weaver, Phone

Jayne McConnellogue called the meeting to order at 0807.

- Minutes for the June 6<sup>th</sup> meeting were reviewed and approved by consensus.

Configuration of the Medical Director Committee

- Jayme provided a history of the membership for the Medical Director Committee
- Dr. David Hakkarinen made a motion for Dr. Eric Wu to step back from the MDC for an undetermined period of time and for Dr. David Steinbruner to replace him as a voting member of the committee. Dr. Eric Wu seconded the motion. Motion passed.
- The Medical Director Committee will review this decision in three months or sooner and decide if any additional modifications are necessary at that time.

Discussion-Stroke Prehospital Guideline

- Dr. Angelidis and Dr. Bronsky provided a history of stroke prehospital guidelines in the region and provided information about recommendations from the American Stroke Association.
- The medical directors informed all present that the CSTAT prehospital stroke scale is not working well enough and they don't believe it will improve. Dr. Hakkarinen noted that BFAST and CSTAT together are not able to provide either specificity or sensitivity in the prehospital environment based on data from this area. Dr. Hakkarinen will share the data with both Centura and UC Health stroke service lines.
- The medical directors discussed that stroke patients must be viewed at the prehospital level within the larger group of all patients needing transport. They need assistance determining the most appropriate destinations for stroke patients while not stressing the resource level across the region.
- The group noted the primary concerns to consider
  - Too many patients are currently being sent to "comprehensive capable" facilities based on the current prehospital stroke scale
  - The time required to prepare a patient for transfer within and across hospital systems is too long
- After extensive, collaborative discussion the group decided to pursue a tiered destination guideline based on times from "last known normal" as is done in many other areas of the country.
  - < 4 hours from LKN, closest facility able to provide TPA

- 4-12 hours from LKN, comprehensive capable facility (+/- C-Stat >2)
- 12-23 ½ hours from LKN, comprehensive capable facility (+/- C-Stat >2)
- The group also agreed to continue use of a prehospital stroke scale and will research more appropriate prehospital stroke scales to be used in this region.
- The MDC will have a draft Stroke Destination Guideline at the next MDC meeting and will provide the draft plan to all stakeholders and at the next Region IV PCC meeting in December.
- Education for prehospital providers on destination guideline and stroke scale will take place during the next Paramedic Symposium and Paramedic Refresher course.

#### Region IV PCC Update

- Kim informed the MDC of his plan to enhance communication between the MDC and Region IV PCC group
  - Update the Region IV PCC invitation list to the most appropriate
  - Inform all stakeholders that the minutes from the MDC and the Region IV PCC are available online at [www.plainstopeaks.org](http://www.plainstopeaks.org)
  - Discuss with the Region IV PCC group the possibility of moving the meeting day to the third Thursday of even numbered months. This would allow for a minimum two-week window between the MDC and the Region IV PCC meetings for comments.
  - By consensus, the MDC agreed with the changes.

#### Interfacility Transfer Data

- Dr. Angelidis presented a draft document for collection of data regarding interfacility transfers within the region. The goal is to be able to determine if patients arriving by ambulance are arriving at the most appropriate facility initially.
- The group discussed who would be responsible for collecting and recording the data. A possibility is to use the “transfer centers” within each health care system to collect the data.
- It was agreed that two columns should be added to the form to indicate whether the patient arrived at the facility as a result of an IFT or a 911 transport.
- Kim noted that he would be able to provide the RETAC CQI Analyst as a resource to retrieve and organize the data. Kim will work with Dr. Angelidis on this project.
- A draft letter from the MDC to each health care system requesting access to the needed data is being created.

#### Intubation Attempts Guideline Discussion (Hakkarinen):

- Currently – 3 attempts with recommendation to move to 2 attempts and then place an IGel
- Adams – 3 attempts are important when working with students (2 attempts by students and then successful intubation by S. Adams)
  - Different techniques should be used with multiple or subsequent attempts
  - Detailed documentation on multiple attempts
- All agree by consensus to remain at 3 attempts in total

#### Other

- Shonee Bullin discussed an issue regarding pediatric patient destinations which has resolved itself
- Dr. Listman informed the group that Dr. Bob Kelly will be transitioning into the position currently held by Dr. Listman. Dr. Kelly will be joining the group in September.

Next Month's discussion:

- MI Registry: A STEMI System of Care
- EMS and ER Survey
- Trauma Line Discussion

Meeting adjourned at 1010

DRAFT