

El Paso County EMS Medical Director Committee

December 6, 2018

Summary Notes

Meeting called to order at 0800 by Jayme McConollogue.

Attendance:

Dr. Matt Angelidis	Yes	Dr. Brett Banks	Yes
Dr. Stein Bronsky	Yes, Phone	Dr. Jeremy DeWall	No
Dr. Sean Donahue	Yes	Dr. David Hakkarinen	Yes
Dr. Tim Hurtado	Yes	Dr. Jessica Walsh	Yes
Dr. Eric Wu	Yes	Dr. David Listman	No
Kim Schallenberger	No	Jayme McConnellogue	Yes
GUESTS:			
Merle Taylor	Yes		

Minutes of the November 1st meeting were reviewed. Accepted by consensus.

Bylaw Update: Jayme

- Jayme and Kim have signed the updated Bylaws
- Signed copies distributed to the committee by Kim via email
- Bylaws to be posted on RETAC website with committee information and meeting minutes

Paramedic Advisory position: Jayme

- Presented applications for 10 applicants to the committee
 - 6 Colorado Springs Fire
 - 1 AMR
 - 1 Manitou Springs
 - 1 Flight
 - 1 Colorado Springs Utilities OEM
- Jayme will create a spreadsheet of the applicants after the application closes on December 18th and distribute to the committee
- Each committee member will select 6 candidates to interview and Jayme will narrow the selection and schedule interviews with candidates
- Interviews will be held at the February 7, 2019 meeting. They will be 15 minutes in duration and scheduled 20 minutes apart. The original interviews were to be held at the January meeting. Notification will be sent to the applicants of the change.
- Committee members will send questions that they would like to ask to Jayme and she will provide a list to the committee for selection

Regional Guideline Discussion: Dr. Bronsky

- Discussion opened by Dr. Bronsky discussing the current guideline for stroke alert of 12 hours last seen normal for stroke patients. This guideline changed within the last year from 6 hours to 12 hours. The question on the table to the medical directors is whether this should remain the same or return to 6 hours.

- Information brought forward by Dr. Hakkarinen regarding the poor results, as determined through CQI, of the LVO tool of the CSTAT score.
 - He shared that at this month's meeting there was a 51% success rate of identifying an LVO in the field
 - CSTAT has been shown to be an unreliable tool in our system and currently there has not been a more successful tool identified
- All medical directors initially agree that the 6 hour TPA window should be utilized as the stroke alert time limit
- Discussion about ED's utilizing a 24hr stroke alert protocol
- Dr. Hakkarinen states that profusion studies eventually will move to a no time limitation.
 - Discussion around not utilizing a tool, and determining disposition based on time (example of stroke like symptoms 4 hours or less with disposition to any primary stroke center and greater than 4 hours with disposition to a comprehensive capable stroke center – UCH/Penrose)
 - Identified that this change would dilute the value of a stroke alert
 - It was decided to not make this change at this time to the no time limitation
- Dr. Walsh asked that if the hospitals are operating with a 24 hour stroke alert, what would changing back to 6 hours gain for the patient
 - She expressed concerns, with the 6 hour window, for the patients that wake up with stroke like symptoms
 - Dr. Wu expresses concerns with an extended window of 12 and 24 hours for resource overutilization and unnecessary procedures and costs to the patients
 - Dr. Hurtado expresses concerns with confusing EMS with numerous changes
 - All medical directors agree that no changes should be made at this time and the guideline will remain at 12 hours until further analysis is conducted.

Discussion with UCHHealth Administration: Merle Taylor, COO in attendance (Dr. Jose Melendez, CMO was unable to attend due to scheduling conflict)

- Introductions around the room and on the phone
- Jayme presented the approved inquiry process to the guests. Consensus by all that the process was appropriate and necessary
 - Mr. Taylor agreed that this was an appropriate way to proceed and appreciated a formal process
- Jayme led a discussion about the need to better utilize the EMResource tool
 - Jayme described the need to more robustly utilize the software program EMResource
 - Discussion about traditional usage of the program to include general ED divert, psych/ETOH, Mass Casualty
 - Discussion about the desired utilization and the restructuring of the program to include more specific service line availability to include CVA, LVO, Cath Lab, Trauma, psych/ETOH, ED, and Mass Casualty.
 - Vision for EMS in the field to know which hospital to deliver a patient to prior to departing the scene (examples provided with STEMI patients being delivered to a hospital and then advised to proceed to a different hospital where the CATH team is present. As "time is muscle", this is not in the best interest of the patient)
 - Mr. Taylor expressed his support of the changes and improvement to the utilization of EMResource
 - Discussion about next steps

- Collaborative discussion with COO's from both hospitals to determine "gross thresholds" and to appoint designees to move forward with the project
 - ✓ UCH representative - Dr. Matt Angelidis
 - ✓ Penrose/St Francis – Dr. Stein Bronsky
 - ✓ Fire Department – Jayme McConnellogue
- Jayme noted that there will likely be a learning curve for all and "grace" will be needed to ensure success

Upcoming meetings: Jayme

- January 3rd Mobile Stroke Unit
- January 3rd meeting will also include presentation from Jeremiah Ahrens on QI project
- February 7th meeting interviews for PM Advisory candidates

Meeting adjourned at 0930