

Medical Director Committee  
March 1, 2018  
Summary Notes

Kim Schallenberger presented a draft agenda and summary notes from the 2/1/18 meeting. By consensus, the agenda and notes were accepted.

Kim noted that a Chair needs to be selected to lead the group. Dr. Hurtado suggested that the selection of a Chair should possibly wait until the Bylaws are adopted. The group agreed. Kim suggested that a physician should lead the group at this point. Dr. Hurtado volunteered to be the interim Chair. All agreed with that option.

Kim presented Version 2.0 of the draft Bylaws for consideration. He noted that he had attempted to incorporate the suggestions from Drs. DeWall, Angelidis, and Hurtado. He highlighted some of the changes. By consensus, the group agreed to review Version 2.0 in more depth and provide feedback to Kim. In general, the group liked the modifications. All were encouraged to provide feedback to Kim prior to the next meeting. Kim will bring Version 3.0 to the next meeting for consideration.

Dr. Hurtado opened the discussion for the consideration of Stroke Destination Guidelines. Dr. Hurtado asked Dr. Bronsky to provide some history on the process to date. Some of Dr. Bronsky's notes follow:

- The existing system has suspected LVO patients bypass Primary Stroke center for a Comprehensive Stroke center.
- Both facilities have maintained a relatively consistent service line.
- UC Health recently obtained certification as a Comprehensive Stroke Center from DNV GL Healthcare.
- Community perception is that Penrose has limited capabilities
- EMS community has not requested outcome data
  - Community is looking at stated & certified capabilities rather than outcome data
  - Need info from stroke registries for outcomes

Dr. Hurtado stated that CSFD has been meeting recently to obtain the needed data to be able to vet the outcomes to help determine guidelines. Dr. Bronsky noted that physician coverage and service line capabilities are verbal rather than documented. That documentation is a logical step for EMS to request as a partner with the facilities.

Dr. Hurtado asked if there is current set of data points established as appropriate to request. Dr. Bronsky is in Dallas visiting with other systems and says there are established 10-12 data points that may work well for this system. The data shouldn't be proprietary as it's already fed into the stroke data bases by the service lines. Within 72 hours, Dr. Bronsky should have a good list that is being used in other areas already.

Chief McConollogue stated that CSFD is ready to provide support to the medical directors with this discussion. Chief Collas and she are already requesting meetings with the administration of both healthcare systems to discuss data. These meetings will be on an individual basis. She noted that CSFD is in a great position to speak for the patient without any perceived pressure.

Dr. Donahue asked why both systems shouldn't obtain similar certifications. Dr. Hurtado suggested that could escalate into another "arms race" like before. Dr. Bronsky suggested that if facilities can

demonstrate equal outcome data, expecting them all to get certifications could be expensive and unnecessary. Dr. Hurtado noted that the decisions made in this committee on destination guidelines will have long term effects on all destinations in the future. He prefers that those decisions are made on data rather than certifications alone. Dr. Bronsky noted that the data provides the medical directors with evidence for the decisions they make.

Dr. Hurtado briefly outlined the next steps for the group.

1. Dr. Bronsky will research and bring back suggested options for data points to collect.
2. CSFD will request data from facilities

Dr. Banks supported the idea that the data points are part of a nationally recognized standard of care rather than developed from within the committee. Dr. Bronsky informed the committee that he is in discussions with medical directors from the Denver area about developing a bank of data along the front range. Dr. Banks reminded the committee that even with the data, facilities are likely to ask that additional service line attributes should be considered beyond just the data.

Chief McConnellogue asked that all of the medical directors agree with the data points as a unified front to give CSFD/AMR the backing they will need for their patient destination decisions.

Dr. Hurtado reminded the group that destination guidelines may also drive complaints as patients often have specific facility preferences. Kim asked if the patient still has the ability to request a destination and have it honored? The group answered yes, but that EMS can explain options and reasons for suggested destinations.

Chief McConnellogue noted that there is EMS system training coming soon for both EMS and the ED staff.

Dr. Bronsky had to hang up from the meeting.

Kim asked if the system is tracking double transfers? Do they happen and are we tracking? Chief McConnellogue stated that it is happening and Dr. Hakkarinen stated that double transfers between the two larger hospital shouldn't happen and that accurate and real time information is needed for EMS.

A discussion about the Mobile Stroke Unit began. Dr. Angelidis asked for support from the Penrose physicians to encourage Penrose to participate. Concerns about on scene delays were discussed. The physicians will work together to attempt to make the system work better.

Meeting adjourned at 0915

Respectfully submitted by Kim Schallenberger