

**EMS Oversight Authority Board Minutes  
June 3, 2013  
4:00 – 6:00 p.m.  
Bryan Medical Center West – Conference Center A**

**Call to Order**

The meeting was called to order at 4:00 p.m. by April Rimpley.

**Roll Call**

April Rimpley called the Roll (see attached).

**Notice of Open Meetings Law**

The Notice of Open Meetings Law was posted in the room.

**Board Approval of Minutes**

Deb Schorr made a motion to approve the March 25, 2013, minutes as distributed. Todd Schott seconded. The motion passed.

**Advisory Committee Report**

Pam Randall presented an update on the status of the DNR public notifications. The article regarding DNR and the importance of updated medication lists has been proofed by the Marketing Department at Saint Elizabeth. It will be submitted to the print and television media this week.

**Medical Director Report**

Dr. Jason Kruger presented a Power Point titled “Cardiac Arrest Update, May 23, 2013” it included:

- Reported statistics from the American Heart Association, Outcomes in US Cities and Lincoln CPR Data.
- Cardiocerebral Resuscitation improves survival of patients with out -of - hospital cardiac arrest. Overall survival from cardiac arrest and V-fib has improved. The goal is to get the pulse back.
- Chest Compression Fraction determines survival in patients with out- of - hospital ventricular fibrillation.
- Endotracheal Intubation and Airway Management were discussed and the need to delay until pulses are returned.
- Cardiac Arrest survival on the scene is rare without prehospital emergency care.
- Termination of Resuscitation on scene – When there is no response to prehospital cardiac arrest treatment; it is acceptable and often preferable to cease futile resuscitation efforts in the field. CPR that is performed during

patient packaging and transport is much less effective than CPR done at the scene. The patient's family should become the focus of the EMS providers when cardiac arrest resuscitation becomes futile.

- Cardiac arrest associated with medical conditions that may have a better outcome despite prolonged resuscitation include: Hypothermia, near-drowning, lightning strike, electrocution and drug overdose.
- Cardiac arrest in infants and children – Should always be transported to the hospital.
- Looking for best outcomes possible for the patients.
- Question and answer session followed the Power Point.
  - Resuscitation will be run 25 minutes, 5 doses of epinephrine, shocks and advanced airway.
  - The goal is for the EMS supervisor to deal with family.
  - A chaplain will be on scene if called.
  - Dr. Kruger stated that if a family is not comfortable or requests transfer, the patient should go to the hospital.
  - Timeline protocol was emailed out to the EMSOA Board for educating LFR Staff.
  - The medical community will fully understand the logic of the new protocol and the improved outcomes, the general public will not. The natural instinct of a family member will be making sure their loved one is transported to the hospital, not treated for an extended period of time by a paramedic. Especially if the outcome is that the patient cannot be brought back and they were never seen by a doc.
  - If we want to provide public education down the road about how our outcomes continue to improve that would be great, it would just be our preference to not emphasize the new protocol itself as that may draw confusion or concern from the public.

A motion to change the protocol was made by Dr. Todd Schott and seconded by Deb Schorr. Motion carried.

### **LFR Report (Roger Bonin)**

Roger Bonin reported that

- Requested a rate increase to go into effect September 1, 2013 was presented. LFR is asking for CPI + 2%. They need approval from EMSOA to take to the City Council for recommendation. The City Council will vote on the rate adjustment. Roger reminded members that LFR is totally funded by fees and this is why the rate increase is necessary. He presented a spreadsheet with the price increases of the products that are used on the ambulances. These prices have increased dramatically over the past year. April Rimpley stated there will be a Plan of Action put in place and members will vote electronically on the recommendation prior to September 1, 2013.

- RSI Data
  - New Medics are not credentialed
  - Paramedics are required to perform 4 intubations/quarter and 16 per/year.
  - Paramedics have 10 hours of airway management.
  - 74 medics – function as intubators.
  - There were 181 intubations (April 2012 to 2013) and 89% were successful
  - 48 patients received RSI last year
  - Average time for RSI increases scene time by 20 minutes.
  - Dr. Kruger will decide who is proficient at RSI, making the number of medics smaller than 30, but greater than 6. The EMS supervisor and their backups will be proficient in RSI.
  - There was a motion at the June 2012 meeting stating the Medical Director is allowed to limit the number of RSI qualified paramedics and to maintain a high level of competence. A new motion to allow Dr. Kruger to manage RSI is not needed. Dr. Kruger will move forward with an assessment regarding how many medics is enough and bring back the result. It will be discussed at the September meeting.

### **Management Team Report**

- Pam Randall reviewed the March 2013 and April 2013 financial reports. There is no additional operating expense.
- Pam will purchase 2 new laptops for Dan Duncan and Tracy Mankins in the next 1 to 2 weeks.
- A proposal to set up an EMSOA website was brought forward. It could provide internal and external forms, phone numbers, and contacts. Jeff Kirkpatrick stated the two hospitals will serve as adjunct links for the website. The website would be updated as needed. Chief John Huff stated he would be willing to work on the website as the manager.
  - The management team will meet to determine who we are serving with the website to be certain we are meeting their needs.

### **QI Data**

- LFR
  - Tracy Mankins was not present at meeting.
  - Tracy's report was included in the Agenda packet and reviewed by April Rimpley and board members.
- Contracting Agencies
  - Dan Duncan was not present at meeting. Dan's report of March 1 through April 30, 2013 was reviewed, including # of charts reviewed, refusals and LFR intercepts.
  - Rural squads are requesting additional training. Dan is open to time commitment and would like to bill EMSOA for his time. April Rimpley stated that Dan should give his proposal and prepare an estimate for the EMSOA board.

**Roundtable**

- Doug Fuller informed the Board that the State EMS offices offer financial assistance grant dollars for classes and he can be contacted for information.

**Next Meeting**

The 2013 Board meetings schedule is as follows:

- September 23, 4:00-6:00 p.m., Bryan West: Conference Center A
- November 25, 4:00-6:00 p.m., Bryan West: Conference Center A

**Adjournment**

The meeting adjourned at 5:53 p.m.