

**EMS Oversight Authority Board Agenda  
March 24, 2014 – 4:00 – 6:00 p.m.  
Bryan Medical Center West – Classroom 3**

**Call to Order**

The meeting was called to order by April Rimpley at 4:09 p.m.

**Roll Call**

Roll call of members present by Denise Dredge.

**Notice of Open Meetings Law – Posted in Room**

The Notice of Open Meetings Law was posted.

**Board Approval of Minutes**

Motion was made by Kyle Michaelis and seconded by Pam Randall to approve the minutes of the January 27, 2014, EMSOA Board meeting. Doug McDaniel abstained. Motion carried.

**Advisory Committee**

Training Equipment Update

Juli Townsend reported that Mike Dvorak is still working on the list of training equipment he would like EMSOA to acquire. Mike will present his final request to the Advisory Committee at their April 8, 2014, meeting. Recommendation will be brought to the Board at the May Board meeting. There was some discussion regarding accepting donated items and if there was a conflict of interest since we are a non-profit entity. Jeff Kirkpatrick stated there would be no conflict of interest in this instance.

DNR Form

The State has asked for permission to use the EMSOA DNR Form as a template to be used statewide. Dr. Bonta stated the State is actually looking at two forms as the EMSOA DNR Form is better suited for EMS and the other form is better suited for hospitals and nursing facilities. Thank you to Lincoln Fire for uploading this onto the EMSOA website. Thank you to the Advisory Committee for all of their hard work.

Policy #18 – Hospital Destination Decision Criteria Discussion

**Question from Denise: How much discussion needs to be in the minutes??**

Juli Townsend and Pam Randall presented a Proposal from the Advisory Committee on Policy 18 to allow identified STEMI's in the field to go directly to the Cath Lab at Nebraska Heart Hospital 24/7.

Pam Randall shared that if a patient is in the field, 911 is called, 12-Lead EKG is done in the field and if some hypoxia/blockage is noted, this is translated through the computer system and the provider calls a Cardiac Alert. When this information is transmitted to an Emergency Room, the Emergency Room physician determines if it is a Cardiac Arrest and if it is, the patient is a Direct Admit to the Cath Lab. If a patient wants to go to Nebraska Heart Hospital, the 12-Lead EKG can be sent to them and the patient can get a heart cath done immediately.

The proposed changes to Policy 18 is asking for Nebraska Heart patients with STEMI in the field to go directly to Nebraska Heart Hospital.

Discussion ensued regarding if patients are waiting longer if they are being transported to Bryan Health or Saint Elizabeth Regional Medical Center.

Dr. Don Rice stated he was eager to see some communication put together regarding the STEMI Project. Dr. Rice voiced that we need to take patients to Nebraska Heart Hospital if the patient is in the area (shared a map). This should have been addressed years ago and does provide good patient care. He stated the Board needs to take action and vote. Patients that are delivered to Nebraska Heart Hospital but not cardiac-related are not time sensitive. Hospitals have published data regarding their Door to Balloon Times. The longer it takes to get treatment, the more complications the patient may experience.

April Rimpley questioned if there is comparative data on what other EMS systems are doing? The answer is yes. In San Diego County in California, EMS physicians decide where patients go. There is no industry standard but there is patient Standard of Care which is patients with time sensitive health issues are transported to the closest medical facility.

Doug Fuller stated there is monies available in a program from the Legislature regarding BLS. As we roll things out, are we going to ask systems coming into Lincoln to go to the nearest hospital? This has to be patient centric NOT facility centric. Rural squads depend on LFR for ALS support.

It was reiterated that the proposed change for transport to Nebraska Heart Hospital, one of the three following criteria must be met:

1. Cardiac Alert/STEMI (ST Elevated Myocardial Infarction)
2. NHH patients with a Ventricular Assist Device or other mechanical circulatory support device
3. Patients that meet Policy 17 Guidelines.

For patients that are in cardiac arrest and infarct en route, where should the patient be transported to? Does Nebraska Heart Hospital want? EMSOA needs to give good guidance to LFR. Per Dr. Rice, according to the State STEMI Protocol and latest publication of cardiac arrests, resuscitations should be taken directly to the Cath Lab. We need to put best interest of the patient first and then work out logistics.

Tiffani Arndt stated that for VAD patients, it is hard for EMS providers to stay in treatment modalities. Scott Wiebe stated LFR would like to take patients to the right facility the first time. Dr. Dionisopoulos stated these are very unique patients and we are doing a dis-service to the patient if treatment is received at other facility.

Once again it was stated that we need to do what's in the best interest of patient care. Pam Randall stated we need to look at which hospital not which provider.

Kyle Michaels requested that the Board not make a final decision until the next Board meeting, but is open to discussion. April Rimpley requested we have information presented in a clear manner to the Advisory Committee for review and recommendation before it come to the Board for approval.

April Rimpley respectfully requested that these discussions, if not on the Agenda, be brought up in the Roundtable.

After much discussion, April Rimpley stated that if there are questions regarding other detailed protocol. There is consensus with the all involved that we must do what is in the best interest of the patient and we need to make sure there is clear direction for providers so no harm is received by the patient.

Dr. Bonta approved having further discussion. He stated the Board has lacked open discussion of all medical providers. If we rush through this prematurely, we are doing a disservice to patients and providers. He also stated that Nebraska Heart Hospital has a lot to offer our patients.

Doug Fuller stated that EMS paramedics are going into distress because they can't go to Nebraska Heart Hospital and patients are dying. Dr. Rice stated we are behind the times and we need to look at what's time sensitive vs non-time sensitive.

Further discussion ensued – we have 2 cardiac hospitals in the City of Lincoln. Time is muscle. Hospital data is not antidotal, it's out there and is published.

Scott Wiebe stated that there is a small population of patients transported to Nebraska Heart Hospital who are anxiously awaiting to care for patients. Nebraska Heart Hospital is adequately prepared to care for patients.

Motion was made by Doug McDaniel to “Approve to amend Policy 18 in cooperation with legal counsel and have Policies and Procedures in place for those who treat patients in place prior to the commencement of the new Policy. No action will take place until the May Board meeting.” Deb Schorr seconded. The motion passed.

Jeff Gonzalez, Respiratory Therapist with Nebraska Heart Hospital, will work with LFR.

Tiffani Arndt asked that significant parameters come back to the Board from the Advisory Committee. Time needed to get education done. Everyone has committed to getting this done in a timely manner. We don't need to wait until the next Board meeting as Protocols are approved by Dr. Kruger.

Before implementation takes place:

- Look at logistic problems
- Radio communications
- Lifeline

Summary will go to the Advisory Committee for the April 8<sup>th</sup> meeting.

## **Medical Director Report**

### LFR Response Times

Dr. Kruger reported that since EMSOA took over in September 2011, LFR has met the goal every month with regard to the the City Ordinance of an 8-minute response time. Advocating doing away with this type of reporting, as the possibility of causing harm to others increases when LFR racing to get to a call. Dr. Bonta stated it's a myth that quicker response time leads to better outcomes. Running lights and sirens in the city is a danger and the 8-minute response time is an old adage that

has never been addressed. We still measure as it's a City Ordinance, but Dr. Kruger shared there are other quality matrix we can be looking at.

There has been a decrease in the numbers of Code 3s – There is data to show there is also a decrease in bad patient outcomes. LFR has given their Captains latitude to downgrade to Code 1 and antidotally there have been no bad outcomes. Deb Schorr commented that as the City grows, this really becomes irrelevant. Chief Huff said that since 2001, the City has grown about 35,000. We need to find a different quality matrix to monitor. Work with Jeff Kirkpatrick to propose edits of the City Ordinance.

#### QI/QA Data

The last numbers we received were through April 2013. Dr. Kruger presented data for May 2013 to February 2014. Discussion took place regarding what data should we be looking. It was decided to look at Cardiac Alerts, Door to Balloon Time, 911 to tPA and 911 to Balloon Time. Roger Bonin also that a good QA measure to track is 12-Lead within 5 minutes of patients with \_\_\_\_\_.

#### Cardiac Arrest Data

For January-February 2014, LFR had 25 cardiac arrests, 9 with non-cardiac etiology, and 5 unwitnessed arrests. Pam Randall questioned what the survival rate was prior to Dr. Kruger starting multiple interventions at once. Our survival rate after admission to the hospital is at 50%, which is well above the National average. For LFR, we don't have solid data from where we were before. See Item C on the Medical Director Report for further information.

#### ACTIONS Trial

LFR was accepted into the Comprehensive CPR Quality Implementation group of the ACTIONS Trial. In the Medical Director Report, there is a link to a 50-minute video. Pam Randall questioned the use of Auto Pulse (automated CPR). Dr. Kruger stated there is no study out there that shows survival data.

#### Therapeutic Hypothermia Update

Dr. Kruger reported that 6 months ago started cooling patients in the field. Based on a study out of Seattle, there is no different in outcome of cooling in the field vs ER. Studies do show a significant increase in the number of re-arrests with cold fluids in the field. We don't want to cool patients then allow them to re-warm. The external cold packs give a visual reminder to hospital staff to continue hypothermia where a liter bag of cold saline looks exactly the same as a liter bag of warm saline. Optimal cooling method would be rapid fluid bolus or icepacks. No issues were reported from Dr. Schott or Dr. Bonta. No response was received from Dr. Biven. Normal Saline bags that have expired can be taped with blue tape (which is not to be removed) and put in the freezer until slushy. A motion was made by April Rimpley "To change the Therapeutic Hypothermia Protocol to allow the use of cold ice packs using expired Normal Saline bags vs cold 1-hour solution." The motion was seconded by Tiffani Arndt. The motion carried. Tiffani Arndt requested when the Protocol change is made, that education then be done.

#### **LFR Report**

No report.

#### **911 Report**

No report. It was requested that a brief written report be submitted to the Advisory Committee.

## **Management Team**

### Vote on an Update to Bylaws

April Rimpley stated that in order for election of officers to take place at today's Board meeting, the By-Laws need to be changed to state "An annual meeting for election of officers shall be held in January or March of each year." Kyle Michaelis stated it may end confusion if it is stated that officers shall be elected annually for a 1-year term.

Pam Randall made the motion to "Re-elect officers in March of every year and to remove January from the By-Laws." Tiffani Arndt seconded the motion. Motion carried.

April Rimpley made a motion to "Nominate Kyle Michaels for President, Tiffani Arndt as Vice President and re-nominate Dr. Biven as Secretary/Treasurer". Voting was done by Roll Call with Kyle and Tiffani both abstaining from vote on their respective officer election. Motion passed.

### Finance Report

Pam Randall reported that we are currently under budget. The Management Team is working on the next 2-year budget and will send to the Mayor. We may need to split out and give final dollar amount to Chief Huff for LFRs budgeting purpose. On March 25<sup>th</sup>, the Management Team will be meeting to discuss training equipment and QI structure. Monies have been allocated for conference fees, travel and education for Dr. Kruger.

Unadilla Rescue has requested independent oversight with EMSOA and their Medical Control Agreement was sent out this afternoon. Once that is received by Denise Dredge, she will forward to April Rimpley for her signature and once that is obtained send a copy to Michelle Ehlers at Walther Business Services so Michelle can generate an Invoice and mail a signed copy of the Medical Control Agreement to the Unadilla representative.

### Advisory Committee Appointment

With Jan Shaner terminating her position on the EMS Advisory Committee, Tiffani Arndt on behalf of Bryan Health would like to appoint Robbie Dumond. Robbie is the Bryan Trauma Program Manager and has a vast knowledge of EMS and trauma. Robbie will begin attending the Advisory Committee meetings in April.

### Board Feedback on Draft Welcome Packet

Due to time, this Agenda item was tabled until the May Board meeting. At that time, Welcome Packets will be available for Board review. April Rimpley stated this will hopefully help the onboarding of new Board members. It was suggested that new Board members attend an Advisory Committee meeting first. April will request communication from the Mayor regarding Mayoral appointments to the Board.

It was also suggested that the Oversight Committee prepare onboard packets for their new members as well. There will be more education and guidance provided to the Advisory Committee from the Management Team. The mission of the Advisory Committee is more vetting of issues and then bringing to the Board for approval and being prepared for discussion.

### Board Feedback on any recommendations based on other city reports Research

Due to time, this Agenda item was tabled until the May Board meeting.

## **QA/QI Updates**

### LFR QA Position

The Management Team will be meeting on March 25. It is noted that this has been a difficult position to keep filled and historically we haven't had a lot of applicants. LFR did hire a QI/QA staff person. It was noted that on Page 4 of the Memo of Understanding that no staff will be hired by the Governing Board. We need to level set what we say we're doing vs what we really are doing. If there is no chance of revising the Memo of Understanding, we need to present different collaborative options to Roger Bonin and Chief Huff. It was agreed that we need to come back with a recommendation that all parties can agree to.

### Contracting Agency QA Update

Mike Dvorak submitted his March QA/QI data and this will be sent under separate cover. Mike is doing a good job of working with the contracting agencies.

## **Roundtable**

Chief Huff stated if the Management Team could provide him with a proposed annual budget ASAP as this was due a few weeks ago. Work on a 2-year budgeting process.

The EMSOA Website is up and running. If we have updates, please send to Chief Huff. He is more than happy to continue his support of the website.

Scott Wiebe thanked Juli Townsend and Denise Dredge for entering the hospital/EMS comparative data into the CARES Registry. He appreciates the collaborative information.

The Board thanked April Rimpley for her excellent leadership.

## **Adjournment**

Deb Schorr made a motion to adjourn the meeting. Kyle Michaelis seconded. The meeting adjourned at 6:07 p.m.