

F. Barry Knotts, MD, PhD – Chairperson  
David Branch, DO  
Jeffrey Cooper, MD  
John Fath, MD  
David Lindstrom, MD  
Thomas Mahany, MD  
David Miramontes, MD  
Michael Oswanski, MD  
John Schill, MD

**REGIONAL PHYSICIAN ADVISORY BOARD  
MEETING MINUTES**

**April 23, 2008**

**Lucas County Sanger Branch Library  
Room A**

**Attendance:**

Members:

David Lindstrom, MD	Lucas County EMS
David Miramontes, MD	Mercy Health Partners/Toledo Fire Department
Michael Oswanski, MD	The Toledo Hospital

Guests:

Kristin Calkins, RN	University of Toledo Medical Center
James Fenn, RN	Flower Hospital
Ishrat Husain, MD	St. Charles Mercy Hospital
Sherry Lauer, RN	The Toledo Hospital
Lori Lill, RN	Fisher-Titus Medical Center
Greg Locher	NW Ohio Healthcare System
Carolyn Nagy, RN	St. Charles Mercy Hospital
Ellen Owens	ODPS – Division of EMS
Jason Samberg, RN	St. Vincent Mercy Medical Center
Diane Simon, RN	Defiance Regional Medical Center

Staff:

Susan Murphy	Hospital Council of Northwest Ohio
Jane Riebe	Hospital Council of Northwest Ohio

**1. CALL TO ORDER**

The meeting was called to order at 10:01 a.m. at the Sanger Branch Library, Room A, by Dr. David Lindstrom, acting chair.

**2. APPROVAL OF MINUTES**

The minutes from December 19, 2007 were approved.

**3. CHAIRMAN'S REPORT**

Dr. Knotts was not present to give report.

**3. LIAISON REPORTS:**

State Trauma Committee – Jane said the committee, in a six-hour session in February, analyzed 113 indicators using a 1-5 grading scale. She said this was necessary because the trauma money from the federal government (HRSA) is contingent upon self review and

analysis. Jane said Ohio can't compare itself to other states because each trauma system is unique with different factors that shape trauma standards. She said this review gives a roadtrack to where Ohio is going in the future.

Ohio EMS Board – Ellen Owens gave a report from the state. At the last quarterly meeting, the National Registry (testing agency) determined that by January 1, 2013, only students who graduated from an accredited program will be able to sit for the exam. The fee for the Committee on Accreditation of Educational Programs for the EMS Professionals (Co-AEMSP) was \$5,000. Ellen said there will be an open forum at the June Board meeting to voice concerns. Someone from Co-AEMSP will give a presentation at this meeting. She announced that Co-AEMSP is requesting physicians for site reviews with a minimum requirement of two site visits per year. If anyone is interested, please call Ellen Owens or Carol Cunningham.

Ellen asked if Region IV submitted a protocol different from the state's for the Geriatric Study and Jane said no.

RPAB – Ellen said the rules are up for refiling in January, 2009. The focus is to look at re-writing the rules and regulations. This will be worked on again at the May meeting. She said the big topic is can RPAB physicians serve as medical directors? She said there are concerns about liability issues. The language needs clarification and hopes to have it changed to say *assist* the medical director, not *run*. She said they are working on updating the medical director listings.

Dr. Lindstrom asked about the initiative to give RPAB members more power and authority. Ellen said no, that the law designates RPAB as an advisory committee with no authority and no disciplinary action is available to members. According to Ellen, the attorney general said it is not their role to defend, but to assist and advise.

Dave Miramontes asked for updates from the rules meeting. Ellen said the wording changed for laryngeal mask to supraglottic airway. She said new research rules will be implemented that will be broader and not narrower. The research rule was developed to provide coverage for EMTs within the scope of practice that would allow the board to practice with liability coverage.

NORTR: 2008 Trauma Symposium – Friday September 26, 2008:

Jane announced that the keynote speaker will be Dr. James Price (PhD MPH). Dr. Price is well published and well qualified to report on Hand Gun Violence from the Public Health Perspective. Dr. Miramontes will also be a speaker, as will a person from the Gun Coalition of NW Ohio. We are looking for another speaker to complete the schedule and looking for financial support. If anyone has any equipment or pharmaceutical reps that might be interested in sponsorship, please let Jane or Susan know.

Disaster Planning – Jane introduced Greg Locher, former fire chief turned Health Care Disaster Preparation Exercise/Training/ Planning Coordinator. Greg hopes to attend future RPAB meetings as the Disaster Planning Representative. Greg told the committee that quite a bit is happening in the region in regards to disaster planning. He said they are planning exercise sessions that will last two days and specifically address the following objectives:

- What are the hospitals' internal surge numbers? Specifically, at what point do we max out of beds? He and Kathy want the hospitals to focus on this.
- Can this surge be sustained for six months; where is the breaking point?
- The command and control portion. Kathy and Greg are working with the Ohio Department of Public Health to work on a separate exercise to get hospitals ramped up. This process was delayed by ODH but the issues are now resolved and can now move forward.
- He and Kathy will be conducting two exercises – full scale on a smaller scale – to develop an alternative care center on the campus of BGSU. All equipment will be stored in the warehouse and trailers. They set up the site but they need 10 to 20 people to triage the test process using volunteers. This will occur in the last weeks of June.
- The other alternative care center will be in Lima.
- On a short time line, ODH reallocated pandemic influenza funds to disaster planning. Greg and Kathy have to develop a strategy for a daunting problem – there is not enough money for personal protective equipment (PPE) and they wouldn't have the storage if they did have the money. Kathy only had seven business days to write up a budget for this extra money.
- They need more regional response for disaster planning. The local response team is involved, but there will be more situations where medical advice is needed in the more rural locations. One way to disseminate information to these places is to use the RPAB advisory board. They need to be able to get in contact with people quickly.

Dr. Lindstrom talked with Greg to see if the multiple issues with the multiple counties could be best tackled with a conference call system to save time and encourage all regions to participate without the expense of time and travel. Dr. Lindstrom said this system would provide doctors an opportunity for input. Dr. Lindstrom also asked if RPAB members could get the monthly minutes from disaster planning meetings. Updates will be disseminated to guests as well as members.

Greg also talked about Neighborhood Emergency Help Centers that can serve up to 1000 people per day. These centers are based on the national model and will be staffed using EMS providers. Many trigger points have yet to be defined and guidance is still needed for alternate standards of care. Greg said the ODH is working on it. He also better defined the alternative care centers (ACC) as a place that is set up to support 250 beds and take care of people who are more seriously injured than those in the neighborhood help centers. The purpose of the ACC is to alleviate the load and burden of the emergency departments.

Jane said she and Kathy visited the Wright State alternative care center in Dayton the day before and saw firsthand the equipment and planning that goes into the center. They participated in table-top exercises to figure out equipment needs and were very impressed with the facility. She also said there will be a town named Calamityville in Southwestern Ohio that is being designed by Disney engineers. They plan to use this town as a national training center for disaster planning.

Greg concluded by saying he is amazed at what hospitals, with their limited resources, are doing to develop disaster planning. He thinks Northwest Ohio is setting a standard as they continue to pull together and move forward. He entertained questions and Kristin asked if BGSU wasn't too far away from the epicenter of trauma in Toledo. Greg told her it has to be looked at with a regional approach.

Lucas County EMS - Dave Lindstrom, M.D., reported on the following LCEMS activities:

- The conversion of teaching PEPP (prehospital emergent pre-provider program that includes an out of hospital pediatric assessment) instead of PALS (more hospital-based) is going smoothly.
- The manufacturer of ResQgard, a similar device to ResQpod, donated several hundred units. This device is a short term adjunct for shock/hypovolemic patients. Lucas County is the first to use as protocol. The statistics show there is improvement in blood pressure but at this point Dr. Lindstrom is not sure if it is due to the device or other factors. They are having good success with it so far. This is posted on the Lucas county EMS website. For ER representatives in the meeting: EMS is removing the device on arrival to the ED; it's only meant to be used for 5-10 minutes. Changes in protocol for hypovolemia/shock will be adopted soon.
- Protocols will be written for post-cardiac arrest hypothermia diversion. Dr. Lindstrom stated that with the success of the two changes implemented a year ago – increased rate of compression and the resQpod – Lucas County went from a 5-8% to a 35-50%, excellent data. All four of the major hospitals – St. Luke's, UTMC, TTH, and SVMCC – agreed to continue the hypothermia protocols.
- Expect a protocol by June 1<sup>st</sup> outlining ICE – Induced Cooling by EMS – cold packs to groin and axilla and cold IV saline; EMS training will occur in May. It will be the first time the use of paralytics will be in the hands of EMS for the post-resuscitated patient. Dr. Lindstrom said that the neurologists are on board and supportive; in other areas of the country the biggest roadblock to getting hypothermia started was the ED physicians. He also said because this is a big change, there can be the potential for a lot of confusion. LCEMS has also had to solve the logistical question of how to keep the saline cold. A temperature-controlled refrigerator and temperature monitoring tool will be used.

Jane asked if Brent Parquette would do a presentation on this topic at the NORTR trauma symposium in September.

- Dave Miramontes – EKGs will now be in the EMTs' scope of practice. This will require a working relationship between EMS people and the ED staff. This is all in an effort to reduce door-to-balloon times. He said much of the current technology is outdated; i.e., circuit switch technology, but in trying to integrate two systems the cost factor is significant. In order to open up the EMS server as an echo point, the Toledo Fire Department would have to be committed to the ongoing expense and have a dedicated line especially for this purpose. He said the fire chiefs need to speak up and say whether they will use it.

#### **4. NEW BUSINESS**

No new business.

#### **5. NEXT MEETING**

The next meeting is scheduled for June 25, 2008, at 10:00 a.m. Location will be forthcoming. Meeting minutes and an agenda will be sent out prior to that meeting.

## **6. ADJOURNMENT**

There being no further business, the meeting was adjourned at 11:16 a.m.

Schedule for 2008:

Wednesdays 10 to 11:30 a.m. –June 25, August 27, October 22.

The December meeting is on a Thursday – December 4 from 10:30 a.m. to noon.

Minutes respectfully submitted by:

Susan G. Murphy, BA  
Assistant, Regional Trauma Registries