

12-19-7

Prehospital Steering Committee

August meeting minute approve unanimously.

Dr. Lang planning to attend the NAEMSP EMS Director development course in January. This will afford opportunity for up to date discourse on a variety of topics, for the benefit of our EMS system.

C Spine Protocol—planning roll out and education in January 2008. This will be a protocol to allow safe decrease in immobilization of minor trauma patients and increased decision-making by the EMS personnel. A feedback tool for RN/MD feedback will be used as well.

RSI update

Rimrock—still considering RSI. Have hired more paramedics.

SFD has had annual retraining and review process. Doing well overall, has not had any catastrophic outcomes. First attempt laryngoscopy success is not as high as it should be across RSI and non RSI airway management.

CPAP: SFD protocol was distributed and discussed. This is a great way to improve outcomes with little risk for making things worse. It can be used for a wide variety of dyspnea patients. CPAP protocol will be implemented in the changes of Offline Protocols soon.

ED Director Report, Rob Barth: Construction update with respect to ambulance access. New ED will have trauma suites, EMS room, psych area, 21 beds overall. Also a clinical decision unit is in planning for holds and observation patients.

Employee contributions to buy a room dedication plaque are available. Rob has bought the EMS room in honor of all the EMS providers. He has asked that anyone that has anything specific for the plaque to let him know. Other ED employees have contributed nearly 40K dollars to this project!!

Plan another visit by Rick Peterson, VP in the summer to update on construction progress.

Annual ED visits this year at 24K at VVMC and 6K at Cottonwood. We are 0th percentile for space/visit nationwide in our compare group. Further, VVMC NEVER goes on divert, given our distance from the next hospital.

The **new EMS radio system** is up and running. This allows easy retrieval of calls and is a huge improvement over the prior cassette-based recording system. This can be remote monitored from Tish's office. Continued development of inter-device communication is in development to make stronger transmission of EKG and other important prehospital

information. The Rosetta devices are being rolled out. This will communicate information directly to the hospital Carepoint from the EMS units.

ED Ultrasound: The new ED ultrasound machine has arrived and is in the process of physician credentialing. This will be a 1-2 year process. At this point, we will be placing most central lines under direct US guidance, which is shown to reduce complications such as PTX and arterial sticks.

Protocol revisions from FMC: Again, revisions have been undertaken by the FMC Prehospital team without the opportunity for input from the VVEMS team. This brings us to discuss whether there is a reason to maintain the same protocols. SFD prefers to keep the same protocols. We will strive to maintain the same protocols within the limits of medical reasonability. Dr. Lang disagrees with some minor elements of the protocols and the VVMC team shares some frustration with respect to the non-input into the revisions. Rob will follow up with working to administratively facilitate VVMC/FMC ED and also EMS parity. This is an ongoing process and will probably continue to be on our radar over time. For now, we will table adopting these new guideline revisions, but will defend the value of shared decision making and same/similar protocols and search for sufficient common ground to proceed together.

Call of the Year was the 5 trauma cheerleaders call. 24 Certificates were issued to the medics involved. Great job to all of the involved agencies in this difficult case.

We agreed to continue 3 yearly Steering Committee Meetings. This will be in April, August and December.

Respectfully,

Todd Lang, MD
VV EMS Medical Director