



## **EMSOA Board Meeting Minutes September 23, 2013**

### **Call to Order**

The meeting was called to order by April Rimpley at 4:02 p.m.

### **Roll Call**

Denise Dredge called the Roll (see attached).

### **Notice of Open Meeting Law**

The Notice of Open Meeting Law was posted.

### **Board Approval of Minutes**

On Page 2, under LFR, RSI Data – remove the 2<sup>nd</sup> bullet point

Dr. Schott made a motion to approve the June 3<sup>rd</sup> minutes as amended.  
Kyle Michaelis seconded. The motion passed.

### **Advisory Committee**

Pam Randall stated that a Public Health Announcement with Channel 8 has been recorded but has not been reviewed yet.

### **Medical Director Report**

The Medical Director Report was sent out with the Agenda Packet.

Highlights to include:

- Contracting Agency Training
  - Dr. Kruger made it out to all EMSOA agencies this year.
  - All EMSOA agencies were invited to the ER Grand Rounds on August 21, “Cardiac Arrest and Cardiocerebral Resuscitation”
  - All EMSOA agencies will be invited for a lecture on “Pediatric Emergencies” on October 24
- Cardiocerebral Resuscitation
  - New Protocols went into effect on September 9
  - LFR is the first EMS agency in Nebraska to have a protocol in place

- CARES Registry
  - Preliminary application for LFR submitted on in August for acceptance into the National CARES Registry
  - Hospital representatives need to be identified by October 1 as they will need some training on how to access the website; we will get a representative from NHH as well.
  - Deb Schorr questioned if cardiac arrest data is currently being submitted to the State and Doug Fuller indicated that it is. CARES Registry is not at the State level.
  - Go Live for the National Data Set is set for December and we will need to be 3.0 compliant
  - Pam Randall questioned if once you're in, you're in or will we need to renew. Dr. Kruger stated that once you're in there is no renewal.
- Therapeutic Hypothermia
  - Statewide model protocols have a therapeutic hypothermia protocol for patients resuscitated from cardiac arrest. LFR does not currently have a hypothermia protocol.
  - It was noted that sometimes you have to wait and see what Cardiology and Pulmonology say about cooling.
  - Dr. Kruger reported that Dr. Bonta and the NHI and BHI cardiologists are all in favor of the LFR protocol.
  - Kyle Michaelis questioned why the protocol wasn't approved earlier and Dr. Kruger stated that more research was being done. Dan Duncan questioned if there would be issues once cooling started – can you reverse it? It was noted that reversal isn't typical but there are only certain cooling techniques available in the field and the true full cooling would continue once the patient reaches the ER. If, at that time, the physician determined cooling was unnecessary, they would systematically disengage that process.
  - Deb Schorr made the motion to approve the draft and proceed with finalization. Kyle Michaelis seconded. The motion passed.
- Selective Spinal Immobilization
  - The use of long spine boards became the Standard of Care back in the 60s. Dr. Kruger stated you obtain better spinal immobilization with a C-collar and a mattress that conforms to your body. Tiffani Arndt questioned if QI would be an issue when the switch is made – answer: no.
  - Dr. Kruger reported that Dr. Reginald Burton, Trauma Director at Bryan, is in agreement with the new protocol limiting the use of long spine boards.
  - Pam Randall made the motion to approve the new protocol limiting the use of long spine boards. Dr. Schott seconded. The motion passed.

- RSI Update
  - Decision made to reduce the number of RSI credentialed paramedics from 30-15. Dr. Kruger reported that there will be 5 credentialed staff per shift. Tiffani Arndt questioned if there would be consistent coverage provided. The factors involved in the decision-making process included experience, number of RSIs and intubation, and history of sound medical judgment. Location of RSI credentialed staff was not a prime factor. If there is an issue, Dr. Kruger and Roger Bonin talk to the providers.
  - Dan Duncan arranged a Difficult Airway Course and every LFR shift supervisor has signed up for the class, as well as Dr. Kruger.

### **LFR Report**

Roger Bonin was absent, but Chief Huff was present. The Chief reported LFR had a successful AD event with a good outcome.

### **911 Report**

Lindsay Scheer was absent – No Report.

### **Management Team**

#### Finance Report

- Pam Randall reviewed the financial reports that were sent out with the minutes (May, June and July). We are in the process of renewing Medical Control Agreements and sending out invoices. We have \$256,866.96 in total assets.

#### EMSOA Website

- Chief Huff again offered his services and expertise in maintaining and updating the EMSOA website. He will send a screen shot of what the website looked like before and we can add or subtract from that as needed.
- Purpose: Public exposure and how to access EMS Oversight Authority.

#### QI Data Reporting

- April Rimpley informed the Board that Dan Duncan and Traci Mankins both resigned and we are on a quest for new QA/QI staff. She followed up with the interviewees today and made offers. Once they accept the offers, she will be able to send us the names. Dan Duncan has agreed to help the new Rural QI staff member.
- With new QI staff hired, now would be a good time to develop new QI form with all of our required data elements. Let April Rimpley know ASAP due to the start of the new hires.
- After much discussion regarding the intubation data, it was determined that it would be very helpful to have specific definitions of the number required. Doug Fuller stated he would like to table until

Dr. Bonta could be present to discuss. April Rimpley will contact Dr. Bonta for his input.

## **QI Updates**

### LFR

- The last data received by the Board was for April 2013.

### Contracting Agencies

- Dan Duncan's report was sent out in the Agenda packet. He reported good things are happening out in the county.
- Southeast had physician cardiac alert and that went well.
- Several Airway and AD training is scheduled and then will be caught up for the end of the year. Pam Randall suggested that perhaps a training class could be held in the evenings so squads could attend.
- Mutual Aid meeting had glowing words of praise for Dan.
- Additional Training by the QI Coordinator/Educator – Dan questioned what the policy was regarding additional training.
- Follow up on rural squads requesting additional training
  - Much discussion took place regarding Optional Module Skills – include with contract. It might be easier to have training held in Lincoln so multiple rural squads could attend. Doug Fuller stated they are looking for “hands on”. It was questioned about Skills Stations? What about training equipment? EMSOA doesn't have access to. We may need to look into purchasing (\$100 for an AED trainer, \$800-\$4,000 for mannequins, expired meds – save for educational purposes. Dan Duncan indicated he could donate back to EMSOA.) Tiffani Arndt questioned the possibility of utilizing the SIM Lab at Bryan. It was reported that Bryan isn't receptive to others using their Lab. Tiffani indicated she would look into it and report back to the Board. Chief Huff asked if there was a need to start another training program when we have training programs in place. Jeff Kirkpatrick stated it wasn't a need to start but the Board needs to make sure contracting agencies' needs are being met. It was mentioned that contracting agencies have budgets and maybe they should have their own mannequins. Jeff Kirkpatrick stated that if EMSOA purchased needed training equipment it would help to build relationships with the contracting agencies and increase their responsiveness to EMSOA. Deb Schorr suggested allocating \$10,000 to purchase needed training equipment. April will review further and create a proposal and send out to the Board.

## **Adjournment**

The meeting adjourned at 5:20 p.m.