Emergency Medical Services Council

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Ambulance Medical Directors Subcommittee
Tuesday, September 26, 2017, 12:30 p.m. - 2:30 p.m.
Health Services Building, Room 311
525 Portland Avenue S., Minneapolis 55405

Draft Summary

Present	Absent
1. Charlie Lick, M.D., Allina Health EMS 2. John Lyng, M.D., North Memorial Ambulance Service 3. Paul Nystrom, M.D., Edina Fire Department 4. Kevin Sipprell, M.D., Ridgeview Ambulance Service (Chair)	1. Jeffrey Ho, M.D., Hennepin EMS
Guests	**Staff**
	1. Matthew R. Maxwell 2. Kristin Mellstrom

Welcome and Introductions – Chair Kevin Sipprell called the meeting to order at 12:37 p.m. with a quorum present. After introductions, the proposed September 26, 2017 agenda and meeting summary from July 25, 2017 were approved.

Mental/Behavioral Health and Intoxicated Patients Crowding ED – Matthew Maxwell explained that Dr. David Romans, ED Medical Director for Unity Hospital, asked staff to bring this topic to the AMD Subcommittee for discussion. Per Maxwell, summarizing what Romans relayed prior to the meeting, Unity Hospital has seen a significant uptick in the receipt of mental/behavioral health patients since the start of 2017. Maxwell indicated that Unity Hospital ED staff are being told by paramedics that when they transport mental/behavioral health patients to Mercy Hospital ED staff there are making comments such as "why did you bring that patient here, you should have gone to Unity Hospital." This influences paramedic disposition decisions resulting in more mental/behavioral health patients being transported to Unity Hospital.

Mercy Hospital closed down its mental health ward sometime late 2016 and Allina corporate added additional in-house mental health capacity at Unity Hospital, but Romans feels that should not influence disposition of mental health patients arriving in the emergency department. The Subcommittee recognized that all metro hospitals are struggling with increased loads of mental/behavioral health patients. Difficulty finding long(er) term mental/behavioral health

facilities to care for these patients is resulting in increased ED boarding times and frequently long distance transports to an available facility willing and able to accept a patient.

The Subcommittee agreed the issues Unity Hospital is facing are part of a larger mental/behavioral health problem, but also a function of an Allina corporate change shifting mental health in-patient beds from Mercy Hospital to Unity Hospital. The Subcommittee took no action on this topic.

Medical Control Exam Revisions – Maxwell explained that the recent EMS Council approved changes to the ALS medical protocols will impact eight questions on the medical control exam. Elimination of the equipment, procedures, and drug lists in the appendix of the protocol book have rendered these questions unanswerable. The Subcommittee briefly discussed the purpose and value of the medical control exam, and agreed the questions should be eliminated but new questions should be added that focus on the medical control physician training video, use of the 800 MHz EMS radio, and pertinent EMS System guidelines or policies. Staff will draft a mock-up exam and bring to the Subcommittee's next meeting for review.

Protocols – The Subcommittee discussed the *Adult Tachycardia with Pulses* protocol, *Pediatric Pain Management* protocol, and *Appendix* items including the *Wong-Baker FACES Pain Rating Scale*, *FLACC Scale*, *Visual Analog Scale*, *DNR Form*, *POLST form*, and *Pediatric Reference Chart*.

Adult Tachycardia with Pulses – The Subcommittee agreed that all cardioversion doses in the proposed protocol should be 100 Joules. Also, there was discussion about the AHA's 2015 ECC recommendation that wide irregular rhythms should be defibrillated, not cardioverted. The Subcommittee wanted to review the literature and science behind this recommendation, and agreed to continue the discussion at their next meeting.

Pediatric Pain Management – The Subcommittee reviewed a draft that added Fentanyl as a drug option. The Subcommittee recommended the dosing should be the same as the adult dosing in the Adult Pain Management protocol:

- 1mcg/kg (up to 100mcg per single dose) IV/IO/IM/IN
  - Intranasal administration should not exceed 0.5ml per nostril
- May repeat 0.5mcg/Kg IV/IO/IM/IN (up to 50 mcg/repeat dose) every 10 min, not to exceed cumulative dose of 200mcg.

Appendix Items – The Subcommittee agreed to delete from the ALS protocol book the *Wong-Baker FACES Pain Rating Scale*, *FLACC Scale*, *Visual Analog Scale*, and *Pediatric Reference Chart*. The Subcommittee felt the *DNR Form and POLST form* had value, should be retained in the protocol book, and should accompany the DNR Guideline.

Hospital Reception of Triage Levels – Dr. John Lyng explained that paramedics transport critical patients to hospital EDs expecting to go directly to a stabilization room and expecting certain staff and resources to be waiting, but occasionally the paramedics are directed to a take patients to non-stabilization rooms and/or those staff/resources aren't waiting. Per Lyng, this issue is sometimes the result of EMS failing to provide adequate information, but other times is the result of the hospital

not acting on that information and preparing for the arrival of a critical patient. Sipprell indicated that, much like STEMI or Stroke alerts, EMS provides information but the hospitals are not obligated to respond in a given manner. The Subcommittee agreed it is in the best interest of patient care that a smooth patient hand-off and transition occur, and hospitals being prepared for EMS arrival facilitates this transition. The Subcommittee directed staff to add this topic to a future Medical Standards Committee meeting agenda.

ED Crowding Position Paper – The Subcommittee continued its discussion on this topic and agreed data is necessary to move forward. Kristin Mellstrom will research Wilder Foundation data and information on the topic, and bring pertinent findings to a future meeting.

Trauma Disposition Guideline – Tabled due to time constraints.

Stroke Disposition Guideline – Tabled pending update from the Brain Attack Coalition.

Review SMD Scene Response/Phone Calls (standing topic) – No items to discuss.

The meeting was **adjourned** at 2:18 p.m.

Future meetings, Tuesdays 12:30 p.m.-2:30 p.m., Health Services Building, Minneapolis:

- October 31, 2017
- November 28, 2017
- December 26, 2017