



Medical Advisory Board

Minutes of the Medical Advisory Board Meeting

Meeting date and time: *Thursday, September 27, 2007; 6:00 p.m.*

Meeting location: *Daytona Beach International Airport, Volusia Room*

Attendees:

Members:

Jim Henson, M.D., Volusia County Medical Society

Marie Herrmann, M.D., Volusia County Medical Examiners Office

Gerard Newcomer, M.D., Florida Hospital - Fish Memorial

Peter C. Springer, M.D., Volusia County Emergency Medical Services (Chair)

Tracey Weiner, D.O., Florida Hospital - DeLand

Guests:

Mr. Michael Mellon, Emergency Medical Foundation, Inc.

Mr. Mark Wolcott, Volusia County Emergency Medical Services

Dr. Springer called the meeting to order at 6:10. Minutes from the June 2007 MAB meeting were approved without amending.

STEMI Study Update

Dr. Springer opened the meeting by distributing the draft ST elevation myocardial infarction (STEMI) protocol for prehospital providers. The protocol would require STEMI patients be transported to a facility capable of delivering percutaneous coronary intervention (PCI), provided the following criteria were met:

- ST elevation of at least one millimeter in two anatomically contiguous leads; or
- New left bundle branch block ("new" will be categorized as the patient not having knowledge of a previous diagnosis).

The committee suggested no changes to the above criteria.

Dr. Springer did query the group on the disposition of patients with diffuse ST changes. He opined that he would prefer to err on the side of caution and transport such patients to a STEMI center as diffuse could be subjectively interpreted. Dr. Henson concurred, followed by the other committee members.

Mr. Mellon suggested removing language from the draft protocol involving the necessary diversion of STEMI patients if their condition deteriorated into cardiopulmonary arrest. There was no objection.

Dr. Springer also suggested that it would be beneficial if prehospital personnel identified the patient's cardiologist and communicated that information to the emergency department. Receiving this information prior to the patient arriving in the emergency department would allow for more efficient triaging and prompt treatment. A brief discussion of committee members yielded that it was also pertinent to patient care from an interventional perspective; in particular, consistency in follow up care. Discussion included that the information would not be used to filter patients for eligibility of services.

Mr. Mellon replied there was no objection in relaying this information.

Mr. Wolcott inquired about transmitting ECG's to the receiving emergency department. Concerns were expressed at the last MAB meeting that included start up and ongoing costs. Mr. Mellon and Dr. Springer both echoed that with EVAC Ambulance's planned implementation of electronic reporting and present wireless system, that obstacle appears to have been satisfactorily mitigated.

Dr. Springer concluded discussion of the STEMI protocol with an update on the protocol revision. He expressed optimism that the final document would be available to the MAB members prior to the next meeting for discussion.

Dr. Springer also queried members if there were any concerns involving the Combitube. He reminded members that the Combitube was the primary airway used in cardiopulmonary arrest. While some members' acknowledged that they remove it upon arrival in the emergency department, none acknowledged experiencing any problems. Additionally, Dr. Springer added that he is pursuing a trial with the King airway. The device is similar to the Combitube, but marketed as less rigid and simpler to use. Additionally, it comes in a variety of sizes (including pediatric). Presently, resistance from the vendor is slowing the implementation of this pilot study.

Dr. Springer asked members' to inventory common infusions that are transferred from their facilities. His intent is to identify common of recurring pharmaceutical infusions that presently require an accompanying nurse during transport. He'll compile and review that list with the intent of expanding the medications that prehospital personnel can monitor without a nurse present.

Dr. Weiner returned to the topic of 12 lead ECG's. He sought clarification as to whether non-STEMI centers will receive transmissions from field personnel? Dr. Springer replied in the negative.

Dr. Weiner questioned which facilities were designated STEMI centers. Dr. Springer replied that at present; Central Florida Regional Hospital, Florida Hospital – Ormond Memorial and Halifax Health Medical Center are designated. Bert Fish Medical Center has indicated they are interested in performing interventional therapy, but it is not clear at this point when that service will be available. Further clarification included that cardiothoracic surgical services were not an essential capability to be considered a local interventional facility; providing the patient could be managed with a balloon pump and transfer to a facility offering those services could be rapidly accomplished.

Dr. Newcomer expressed interest at that notion and will be attending an internal meeting at Florida Hospital – Fish Memorial in the coming week to discuss this option with staff.

Dr. Weiner questioned whether STEMI alert may be utilized by a non-STEMI center much as trauma alert is used for initiating an interfacility transfer. Dr. Springer replied in the negative as this is a county-initiated designation; not a state criteria. The current interfacility transfer mechanism would have to be followed.

Mr. Mellon asked that since STEMI alert is a local initiative, it be better defined in the protocol. Dr. Springer agreed.

Adjournment

The meeting was adjourned at 6:50.

DRAFT