



Medical Advisory Board

DRAFT - Minutes of the Medical Advisory Board Meeting

Meeting date and time: *Wednesday, June 20, 2007; 6:00 p.m.*

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

Attendees:

Members:

Larry Alexander, M.D., Central Florida Regional Hospital

John Canalizo, M.D., Florida Hospital - DeLand

Thomas Coleman, M.D., Volusia County Health Department

Charles Eaves, D.O., Florida Hospital – Memorial System

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

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

Arlen Stauffer, M.D., Halifax Hospital Port Orange

Tracey Weiner, D.O., Bert Fish Medical Center

Guests:

Mr. Tracey Barlow, City of Edgewater, Fire Department

Mr. William Huffman, Bert Fish Medical Center

Mr. Michael Mellon, Emergency Medical Foundation, Inc.

Rebecca Nave, R.N., Florida Hospital – Memorial System

Donald Stoner, M.D., Chief Medical Officer, Halifax Medical Center

Vance Wilson, M.D., Chief of Cardiology, Halifax Medical Center

Mr. Mark Wolcott, Volusia County Emergency Medical Services

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

STEMI Study Update

Dr. Springer reviewed discussion from the March 20 meeting regarding the triaging and transportation of ST elevation myocardial infarction (STEMI) patients to facilities capable of performing percutaneous coronary intervention (PCI). While prior recent legislative activity was defeated in Florida, literature illustrates a national trend toward delivering STEMI patients to PCI centers.

The Medical Advisory Board (MAB) is aware of three hospitals serviced by Volusia County emergency medical services system presently offering as providing PCI: Central Florida Regional Hospital (Sanford), Florida Hospital – Memorial System (Ormond Beach) and Halifax

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Medical Center (Daytona Beach). Mr. Huffman manages the cardiac catheterization lab at Bert Fish Medical Center and he stated that they are pursuing the addition of interventional capabilities with the possibility of achieving such services by the end of the 2007 calendar year.

Dr. Wilson supported Dr. Springer's earlier comments by stating PCI is the standard of care for STEMI patients. He further offered his support in overcoming any hurdles emergency medical services may encounter in implementing this program.

Mr. Mellon expressed some concern regarding liability to his service as it pertained to bypassing closer emergency departments with STEMI patients. He added that such a change with the endorsement and concurrence of the local medical community would be more easily mitigated.

Dr. Wilson commented that PCI has been identified as a standard therapy for such patients and that he is of the opinion that patients would be better served. He further stated that hemodynamically unstable patients were even in greater need of PCI services. Arguably, STEMI patients should bypass non-interventional facilities to be afforded the availability of PCI services.

Dr. Stoner supported Dr. Vance's position.

Dr. Weiner queried the group as to who would be interpreting the electrocardiograms (ECG's).

A brief discussion ensued that paramedics were trained in ECG interpretation as it has been in the field for fifteen years. Furthermore, there is presently no mechanism in place for transmitting data to the emergency departments.

Dr. Wilson voiced his opinion that transmission would be necessary to allow for the receiving emergency physician to make an independent interpretation. Such an interpretation would provide an additional point in the system to prevent unnecessary mobilization of the catheterization team; especially during nights and weekends.

Some of the members shared concern over capital purchase that would be necessary to accomplish transmission to emergency departments. That amount, while yet to be determined, could amount to as much as fifty thousand dollars. Dr. Wilson felt that through various funding sources, including vendors, that amount would be relatively easy to overcome. Mr. Mellon brought to the Board's attention that the above estimate was for start up costs. Of concern to him was the ongoing cellular service required to transmit the data. He further expressed concern that the expenditure might outweigh the number of occurrences involving lengthy transport times.

Dr. Weiner discussed offsetting costs with the Emergency Medical Services Trust Fund or by passing costs along to the patient. Neither option were feasible as the trust fund cannot support recurring expenses, nor was itemized billing performed.

Mr. Huffman was seeking clarification surrounding Bert Fish Medical Center's desire to perform PCI in the absence of cardiothoracic surgical services: would it prevent them from receiving STEMI patients? Dr. Springer stated that it would not preclude them from receiving STEMI patients.

Trauma Alert Transfers

Dr. Springer reminded the members present that trauma patients meeting objective Florida Trauma Scorecard Methodology ("Trauma Alerts") be classified as such and that Halifax Medical Center will ensure timely transfer of such patients. Patients being transferred that do not meet objective trauma scorecard criteria need to be arranged through the transfer center. That includes trauma patients being transferred for discretion only.

Dr. Canalizo and Dr. Weiner both opined that the transfer process was occasionally cumbersome and problematic. Dr. Stoner stated that he would look in to the process and make an effort to make the process more efficient to facilitate transfers.

Members also discussed decisions of field personnel as to the triaging of trauma patients. Discussion ensued that the Florida Bureau of Emergency Medical Services establishes the criteria and that was the primary flowchart for determining destination. Some judgment is afforded to field personnel under this criterion. Inherently, there will be some over-triaging to the trauma center as well as patients brought to non-trauma centers that subsequently deteriorate. While these circumstances can prove burdensome, they're believed to be infrequent. All members present were also encouraged to refrain from chastising field providers when such occurrences happen.

As a mechanism to better identify these situations, Mr. Wolcott asked that the emergency department directors communicate to their physician staff that these instances need to be conveyed to the EMS office within three business days of occurring for review. Dr. Weiner offered a query form previously provided to him by Mr. Matt Zavadsky as a mechanism for documenting such instances. That form will be reviewed and provided in the near future to the various emergency departments.

The EMS office may be contacted at:

Address: 125 W. New York Avenue
Suite 182
DeLand, Florida 32720-4262

Telephone: Daytona Beach area: (386) 248-8149
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Open Forum

No discussion.

Adjournment

The meeting was adjourned at 7:00.