St. Charles County Ambulance District
Physician Advisory Board Minutes
SEPTEMBER 10, 2013

I. CALL TO ORDER

The meeting was called to order at 12:00 p.m. In attendance were Robert Corley, M.D., Dennis Keithly, M.D., Brian Ullery, M.D., Steve Laffey, M.D., Julie Leonard, M.D. and Leo Hsu, M.D.

II. AGENDA APPROVAL

While there was a quorum agenda was not formally approved.

III. APPROVAL OF MINUTES

Dr.Ullery moved to approve the minutes from May 14th and July 7, 2013. Dr. Keithly seconded, the motion carried.

IV. PUBLIC COMMENTS

Layne Bradford addressed the Board regarding new information coming out regarding head injuries and giving medications and asks that the nursing staff at extended care facilities receive the same information.

V. REPORTS

A. MetroCom Council – Nothing to report.

B. STARRS EMS Committee – Nothing to report

C. East Central Region EMS Committee – Nothing to report

D. Quality Improvement

Review of QI data – Distributed and reviewed data for July thru August 2013 pertaining Strokes and Cardiac Arrests. As previously discussed the Training Department created a spreadsheet for July and August QI to ensure that the information could be more accurately compared. Does the District track "last known well"? If it is noted by the medics the training department does record it. With regards to Cardiac Arrest data, District continues to work on Endotracheal tube placement, times that data is uploaded into the trip, pulse oximetry information and capnography. With regards to documentation; would be better if 100% would always mean perfect; if airway was secure; knowing if witnessed cardiac arrest and if by-stander provided CPR. These are several issues that the District continues to address and would like to have as part of the software documentation. Also discussed getting more information with regards to if an external pacemaker was applied. Regarding having additional/comments become part of First Watch, it is now more of a budgetary issue, and however modifications/improvements continue to be made to First Watch.

VI. OLD BUSINESS

A. By-Law Revisions

Revised By-Laws were approved prior to the Physician Advisory Board Meeting. Each board member received a red-lined copy via e-mail and responded to John Romeo, Operations Coordinator via e-mail. The revised By-Laws were approved by a quorum.

VII. NEW BUSINESS

A. Non-Transport Policy #201-12

No action, will forward for Board consideration at the November 12, 2013 meeting.

B. Overdose/Poisoning Policy #303-11
Dr. Ullery moved to approve revised policy #303-11 Overdose/Poisoning. Dr. Keithly seconded, the motion carried.

C. Head Trauma Policy #304-6
Dr. Corley moved to approve revised policy #304-6 Head Trauma with suggested changes made. Dr. Ullery seconded, the motion carried.

D. Spinal Trauma Policy #304-8
Dr. Keithly moved to approve revised policy #304-8 Spinal Trauma. Dr. Ullery seconded, the motion carried.

E. Behavioral-Psychiatric Emergencies Policy #303-4
Dr. Ullery moved to approve revised policy #303-4 Behavioral-Psychiatric Emergencies. Dr. Keithly seconded, the motion carried.

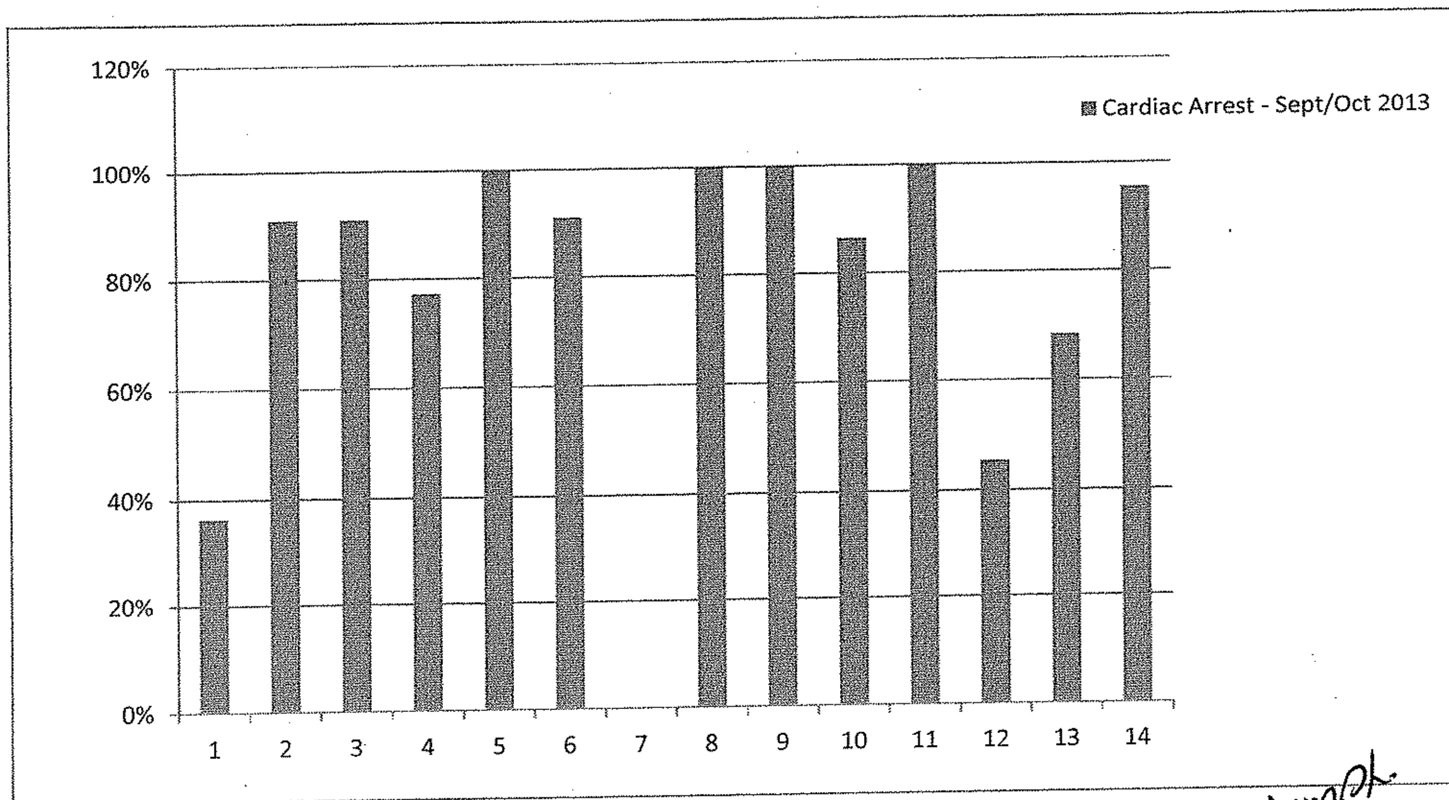
VIII. FOLLOW-UP TOPICS

IX. ANNOUNCEMENTS/CLOSING COMMENTS

John welcomed Dr. Steve Laffey to the Physician Advisory Board.

X. ADJOURNMENT

Next meeting November 12, 2013 @ 12:00 noon
District Headquarters

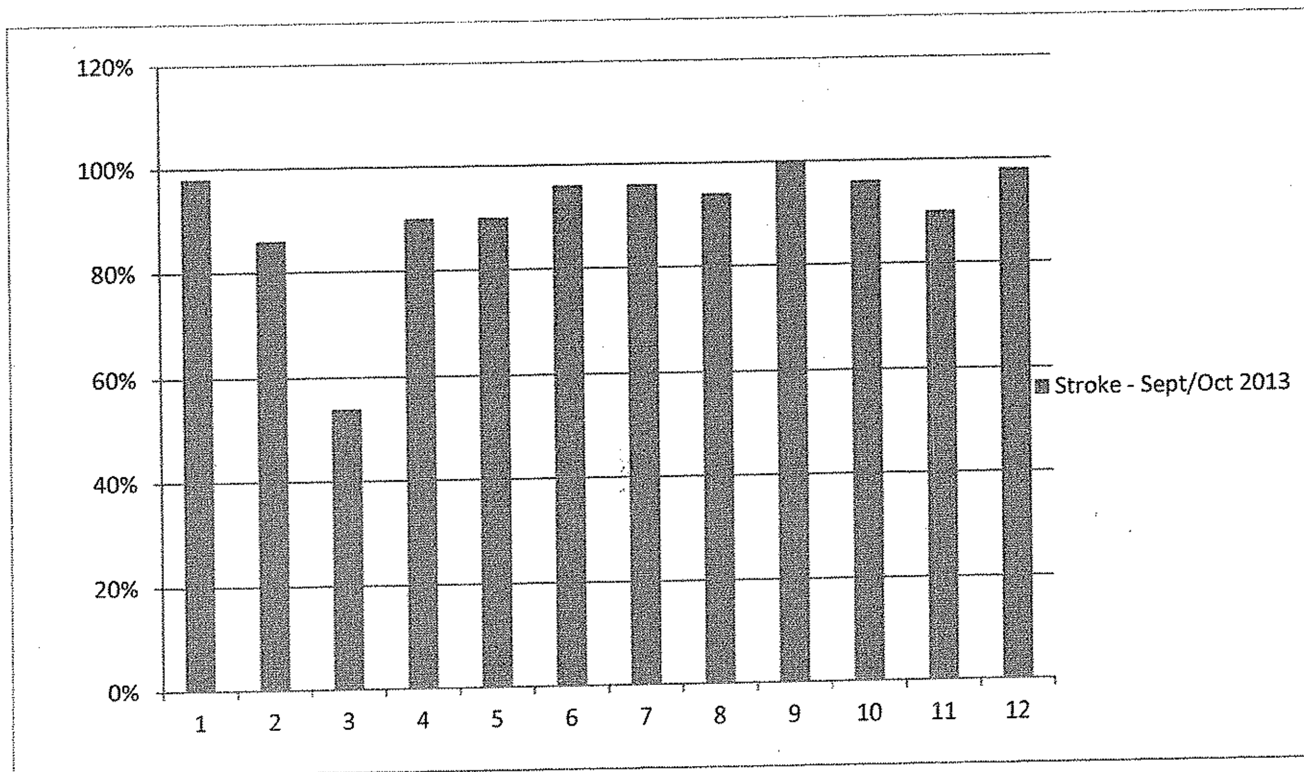


1 Was a pulse oximetry reading obtained?
2 Was there > 1 attempt at IV placement?
3 Was supplemental oxygen therapy initiated if SpO2 < 94%
4 Was the monitor data uploaded to the PCR?
5 Was the patient placed on a cardiac monitor?
6 Was there > 1 King airway attempt?
7 Was an external pacemaker applied?
8 Was there > 1 IO attempt?
9 Was resusctiation attempted?
10 Was the Auto-Pulse used?
11 Was there > 1 endotracheal intubation attempt?
12 Was there a ROSC at any time?
13 Was capnography values assessed?
14 Were vital signs assesed?

? WAS IV placed on 1st attempt.

Sept/Oct 2013 Cardiac Arrest

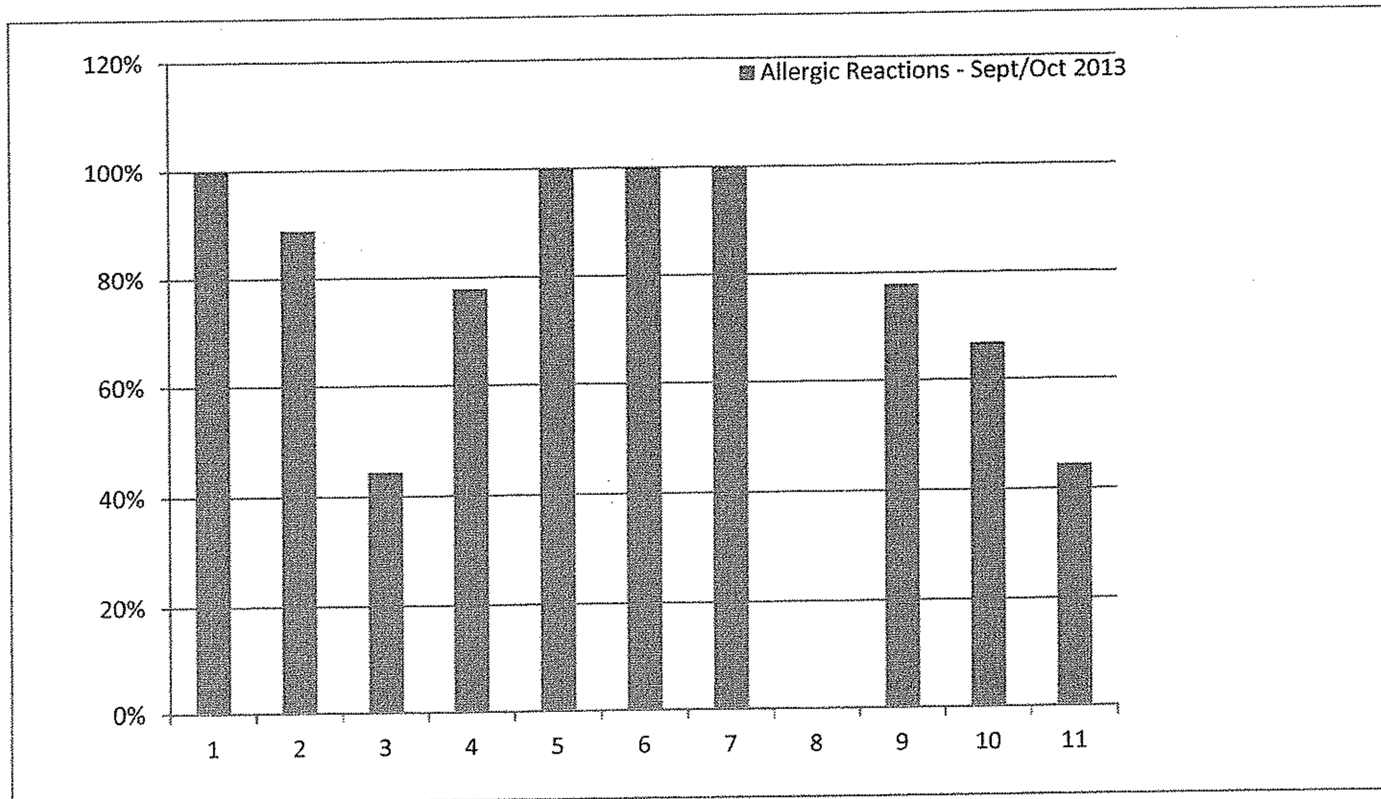
N = 22



1 Was a pulse oximetry reading obtained?
2 Was there > 1 attempt at IV placement? ɣ – Δ
3 Was the monitor data uploaded to the PCR? – data not being uploaded
4 Was the on scene time less than 15 minutes?
5 Were vital signs assessed within 10 minutes of arrival?
6 Were vital signs repeated every 15 minutes?
7 Was a blood glucose level assessed?
8 Was a Cincinnati Prehospital Stroke Scale performed?
9 Was Dextrose or Glucagon administered if glucose < 60?
10 Was oxygen given if SpO2 < 94%?
11 Was the patient placed on a cardiac monitor?
12 Was the patient transported to a Stroke Center?

<u>Sept/Oct 2013 Stroke</u>

N = 50



1 Was a pulse oximetry reading obtained?
2 Was there > 1 attempt at IV placement?
3 Was the monitor data uploaded to the PCR?
4 Was the on scene time less than 15 minutes?
5 Were lung sounds assessed?
6 Were vital signs assessed within 10 minutes of arrival?
7 Were vital signs arepeated every 15 minutes?
9 Was the patient placed on a cardiac monitor when applicable?
10 Was Epinephrine 0.3mg given IM for anaphylaxis with BP < 90? (1 miss, 2 were given PTA)
11 Was supplemental oxygen therapy given for anaphylaxis (BP<90, respiratory involvement (wheezing, stridor)?

Sept/Oct 2013 allergic reactions

N = 9

ST. CHARLES COUNTY AMBULANCE DISTRICT
POLICY AND PROCEDURE MANUAL

CHAPTER 200 Operating Policies & Procedures
SECTION Transport Policies
TITLE **NON-TRANSPORTS**
NUMBER 201-12

DISTRIBUTION
All Uniform Operations Personnel; EMS Dispatchers.

PURPOSE
To outline the criteria which Uniformed Operations Personnel and the EMS Dispatcher will utilize for non-transport calls.

POLICY

1) Any patient with signs or symptoms of an illness or injury requesting an ambulance should be transported in accordance with District transport policies. If the patient did not make the original request, but has signs or symptoms of an illness or injury they should be encouraged to seek medical attention and transport by the District.

2) According to Missouri Revised Statutes, Chapter 431, Section 431.061,

(a) the following groups of individuals may give consent to medical treatment:

(i) Any adult eighteen years of age or older for himself/herself

(ii) Any parent for his/her minor child in his/her legal custody

(iii) Any minor who has been lawfully married and any minor parent or legal custodian of a child for himself/herself, his/her child and any child in his/her legal custody

(iv) Any minor for himself/herself in case of

1. Pregnancy, but excluding abortions
2. Venereal disease
3. Drug or substance abuse

(v) Any adult standing in loco parentis, whether formally or not, for his/her minor charge in case of emergency as defined in RSMo 431.063

(vi) Any guardian of the person for his/her ward

(vii) During the absence of a parent so authorized and empowered, any adult for his/her minor brother or sister

(viii) During the absence of a parent so authorized and empowered, any grandparent for his/her minor grandchild

(ix) "Absence" as used above means absent when at a time when further delay by an attempt to obtain consent from a parent may jeopardize the life, health or limb of the person affected, or may result in disfigurement or impairment of faculties.

(b) A "minor" shall be defined as any person under eighteen years of age and an

Formatted: Normal, Justified, Indent: Left: 0.5", Space Before: 7.2 pt, Outline numbered + Level: 1 + Numbering Style: 1, 2, 3, … + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25", No widow/orphan control, Tab stops: 0.75", List tab + 1", Left + 1.5", Left + 2", Left + 2.5", Left + 3", Left + 3.5", Left + 4", Left + 4.5", Left + 5", Left
Formatted: Font: 12 pt
Formatted: Font: 11.5 pt
Formatted: Font: 11.5 pt
Formatted: Font: 11.5 pt
Formatted: Font: 11.5 pt
Formatted: Font: 11.5 pt
Formatted: Font: 12 pt
Formatted: Font: 11.5 pt
Formatted: Font: 11.5 pt
Formatted: Font: 11.5 pt
Formatted: Font: 12 pt
Formatted: Font: 11.5 pt
Formatted: Font: 12 pt
Formatted: Font: 11.5 pt
Formatted: Font: 12 pt
Formatted: Font: 11.5 pt
Formatted: Font: 12 pt
Formatted: Font: 11.5 pt
Formatted: Font: 12 pt
Formatted: Font: 11.5 pt
Formatted: Font: 12 pt
Formatted: Font: 11.5 pt
Formatted: Font: 12 pt
Formatted: Font: 11.5 pt
Formatted: Font: 11.5 pt
Formatted: Font: 12 pt

"adult" shall be defined as any person eighteen years of age or older.

(c) All relations set forth above include the adoptive and step-relationship as well as the natural relationship and the relationship by the half blood as well as by the whole blood.

(d) A consent by one person so authorized and empowered shall be sufficient notwithstanding that there are other persons so authorized and empowered or that such other persons shall refuse or decline to consent or shall protest against the proposed surgical, medical or other treatment or procedures.

(e) In addition, any person acting in good faith and not knowing otherwise shall be justified in relying on the representations of any person purporting to give such consent, including, but not limited to, his identity, his age, his marital status, and his relationship to any other person for whom the consent is given.

Formatted: Font: 12 pt
Formatted: Font: 11.5 pt
Formatted: Font: 12 pt
Formatted: Font: 11.5 pt, Font color: Black
Formatted
Formatted: Font: 12 pt
Formatted: No bullets or numbering

~~1)~~

~~2)~~3) Patients without signs or symptoms of illness or injury requesting transport should be transported following District transport policies.

~~3)~~4) The District recognizes each mentally competent, non-intoxicated, adult patient's right to refuse treatment and/or transport.

~~4)~~5) If a District crew arrives on the scene of a medical emergency and the patient(s) are still on the scene, contact should be made with them and District transport policies or the procedural portion of this policy shall be followed.

~~5)~~6) If a patient refuses treatment or transport the procedural portion of this policy shall be followed.

refuse religious belief on not if harm child.

PROCEDURE

1. If an ill or injured patient is refusing treatment or transportation to the hospital, it is important that their condition is fully explained to them with the possible medical consequences documented. The patient must have the capacity to understand and must be informed of the nature and risk of their illness/injury, as well as the benefits of transportation to a hospital .

Comment [LH1]: Please fix numbering, couldn't get it to format correctly

1. 2. EMS initiated refusals are not allowed. The patient must voluntarily refuse treatment or transport.

2. If the patient has a medical condition with serious signs/symptoms, particularly ones that are or may result in disability or become life-threatening and is refusing treatment/transport, the patient should be strongly advised to accept care/transport. If the patient continues to refuse treatment/transport, Dispatch should be contacted to dispatch the District Supervisor or Acting Supervisor~~Lead Paramedic~~ to the scene in order to facilitate the discussion with the patient. If the patient continues to refuse treatment/transport, Medical Control should be contacted, and a physician should be requested to speak to the patient directly on the phone.

~~2. On medical emergencies or trauma calls where the patient is refusing treatment or transport, the crew shall immediately contact dispatch and request that the District Supervisor or Lead Paramedic covering the area be dispatched to the scene.~~

~~3. The District Supervisor or Lead Paramedic will confer with the District crew and patient. If the Supervisor or Lead Paramedic agrees with the crew's assessment, he/she should recommend that the patient accept treatment and/or transport.~~

* Dr. K. make Δ that emp proteted by prot.
... if possible or when available supervis should assist.
Chris Loraine → Δ to super contacted ... But should not delay transport

TITLE **NON-TRANSPORTS**
NUMBER 201-12

3. If it is determin~~ted~~ that the patient does not have the decision making capacity to refuse (e.g. altered mental status, intoxicated, head injury, hypoxia or other process), the police department should be called to place the patient ~~under~~into protective custody for transport to the hospital.

4. If the patient is not transported, a Refusal of Medical Care form shall be completed. ~~If the patient has serious signs or symptoms, medical control should be contacted by the crew and the patient's condition discussed with the emergency physician prior to the patient signing the Refusal form.~~ It should be stressed to the patient, that his/her condition may deteriorate with a delay or lack of treatment by a physician. The narrative must include documentation that the: 1) Refusal of Medical Care was read 2) patient has capacity to understand risks/benefits of refusal and understands the nature of his/her condition and the choices available to him/her 3) risks/benefits of refusal were explained to the patient including possible consequences of refusal including worsening condition, disability, and death 4) signature was witnessed by a third party. The District Supervisor or Acting Supervisor~~Lead Paramedic should sign the narrative portion of the patient care report below the description of the patient condition, the possible medical consequences discussed with the patient and any other action taken.~~ will note in their shift report for the day the circumstances surrounding the patients condition and discussion of any possible consequences discussed with the patient as well as the outcome. Advise the patient that he/she may call 911 at any time if the patient's condition worsens and/or he/she changes her mind regarding further treatment/transport.

~~4.~~

Formatted: Indent: Left: 0.25", No bullets or numbering

5. A non-emancipated minor does not have the ability to refuse transport. Only a parent or legal guardian has the right to refuse treatment for the minor. A minor patient with a life-threatening illness/injury ~~must~~ needs to be transported to the hospital. ~~regardless of refusal by a parent or guardian.~~ If the parent or guardian are refusing treatment and/or transport, the police department should be contacted for assistance. ~~The police should be called~~ and to place the patient into protective custody if necessary. Supervisor and/or medical control should be contacted with any questions/problems.

Formatted: List Paragraph, Left, Space Before: 0 pt, No bullets or numbering, Widow/Orphan control, Tab stops: Not at 1" + 1.5" + 2" + 2.5" + 3" + 3.5" + 4" + 4.5" +

~~5.~~6. If the District Supervisor or Acting Supervisor~~Lead Paramedic~~ does not respond when dispatched to the scene of a non-transport they shall ~~submit a~~ document in their daily shift report ~~with the patient care report~~ the reasons stating why they did not respond and what actions they took.

~~6.~~7. This procedure portion does not apply to calls where there is no patient contact by District personnel, the patient is deceased and resuscitative efforts are not started or terminated by medical control or the patient does not have any signs or symptoms of an illness or injury. Documentation as described in policy 305-1 does apply to these patients.

Adopted by Board of Directors: 11/19/98

This policy supercedes any previous policy or memorandum on this topic.