



# FAEMSMD



## Florida Association of EMS Medical Directors

### Minutes

**Date:** October 11, 2007  
**Place:** Orlando, FL  
**Time:** 9:00 am –1:00 pm

	Topic	Discussion	Decision/Action
1.0	Welcome and Introductions:	The meeting was called to order by President Mike Lozano, MD at 9:05 AM.	
2.0	Minutes	Minutes from April 2007 meeting were reviewed and accepted	Approved
3.0	Secretary/Treasurer Report	Dr. Dagan Dalton gave the financial report. FAEMSMD's are benefiting from dues income. Income is over budget, expenses are under budget. The proposed budget for 2008 will be discussed at the next board meeting	
4.0	Old Business	<ul style="list-style-type: none"> <li>The website: <a href="http://www.faemsmd.org">www.faemsmd.org</a> is up and running. The proposed strategic plan is online, as well as other documents for review.</li> </ul>	
5.0	State EMS Medical Director Report	<p>Dr. Joe Nelson:</p> <p>A. EMSAC Strategic Plan sessions – update:</p> <p>If any changes, deletions, additions or verbiage needs to be changed, one would need to contact Lisa Walker immediately. Strategic Plan will go into effect and July 2008</p> <p>There are currently 2 versions of the strategic plan. A 3<sup>rd</sup> version is set to come out early November. The purpose of the plan is to address issues throughout the state.</p> <ul style="list-style-type: none"> <li>Goal 3.3-Define the paramedic scope of practice used by paramedics outside of current practice.</li> </ul> <p>Current lead: Medical Care Committee, Medical Directors need to be involved as leaders.</p> <ul style="list-style-type: none"> <li>Goal 3.9 deals with national accreditation,</li> </ul> <p>Current lead: Educators, Medical Directors need to involve themselves with educators to monitor the standards of compliance</p>	



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		<p>during inspections.</p> <ul style="list-style-type: none"> <li>• Goal 5.1-Improve effectiveness of dispatch system.</li> </ul> <p>Current Lead: Varied, Promotion and involvement needed by Medical Directors</p> <p>MD's need to promote and involve themselves with dispatch offices. There is currently about a 50% involvement rate. Seeking support with law enforcement within communities is one outreach effort that needs to be conducted.</p> <ul style="list-style-type: none"> <li>• Goal 5.3-Measure and improve EMS hospital turn around time.</li> </ul> <p>Continuous solutions are needed, as continuous problems occur.</p> <p>Current lead: Access to Care : Support role will come from Medical Directors</p> <ul style="list-style-type: none"> <li>• Goal 5.4- Measure and improve effectiveness of on-site EMS treatment.</li> </ul> <p>Current lead: Quality Managers, Support role will come from Medical Directors</p> <p>Main problems within this goal: during the time of transports, EMS medical run reports need to stay with the patients, rather than disregarded. Being as though the bureau has no control over hospitals the problem is ongoing? Medical Directors need to communicate with their transporters that run reports are to be kept with the patients at all times.</p> <p>Mission for goal plan: What are the current percentile ranges? What can be done to make these numbers 100%? Where are the problems, how can they be fixed to ensure 100%?</p> <ul style="list-style-type: none"> <li>• Goal 5.5- Ensure Appropriate transport.</li> </ul> <p>Current lead: Quality Manager, Support role will come from Medical Directors</p> <p>#1 reason for law suits is the non-transportation of patients. Quality Managers and Medical Directors need to develop a plan that will</p>	
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		<p>ensure patient transports. Identify why patients don't get transported and how to deal with patients that refuse transportation.</p> <ul style="list-style-type: none"> <li>• Goal 6- EMS Disaster Preparedness:</li> </ul> <p>This goal is new to version 2 of the Strategic Plan. There are currently 4 objectives to this goal. The last 2 which will be in version 3 will have direct influence to Medical Directors.</p> <p>Current Lead: ESMAC Disaster Response Guidelines Committee, Medical Directors need to be involved as leaders.</p> <p>Mission for goal plan: To develop a medical oversight system, (A system in which in times of a disaster, medical direction can be given) The state needs to set standards for the development of a national system than can be launched.</p> <p>Physician support of ESF8 needs to be given on 3 different levels (State, Regional and Local levels) Physician consultation needs to be available on all 3 levels, there needs to be one EOC at every region.</p> <p>Development of a medical oversight plan will be developed by Dr. Nelson; the request came directly from the state.</p>	
6.0	New Business	<p style="text-align: center;">Dr. Richard Slevinski:</p> <ul style="list-style-type: none"> <li>• Dr. Slevinski gave a brief presentation of behalf of the EMLRC and the production of their new building that needs additional funding.</li> </ul> <p>Motion was called to give a donation of \$2000.00 over the next 5 years to EMLRC-Motion was passed. Total amount to be given to the EMLRC; \$10,000.00</p> <p style="text-align: center;">Angel Nater</p> <ul style="list-style-type: none"> <li>• Angel Nater gave a presentation reflecting on Goal 5 of the Strategic Plan, "Improving the performance of the EMS process"</li> <li>• Main objective of goal 5 and the presentation is transportation. Mr. Nater's goal was to see why patients refuse transportation and how the impact would affect MD's. Mr. Nater concentrated on goals that MD's need to provide to patients that refuse transportation.</li> </ul> <p style="text-align: center;">Michael Grief:</p> <ol style="list-style-type: none"> <li>a. Certificate holder and MD relationship:             <ul style="list-style-type: none"> <li>• MD's have the right to review any individual that has a license under them, MD's cannot however make employment decisions, they can limit the employment of</li> </ul> </li> </ol>	Motion

