

**2024 January 8-13, 2024**  
**ANNUAL MEETING**  
 Specialty Workshops, Scientific Assembly & Trade Show

## Practical Considerations in Medical Direction

Brent Myers, MD MPH FAEMS  
 Past President, NAEMSP  
 Chief Medical Officer, ESO

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### SPEAKER DISCLOSURE / COI STATEMENT

I, Brent Myers, have the following commercial relationship(s) to disclose:  
 ESO – Employee and Stock-Holder

#NAEMSP2024 Tag us @NAEMSP  

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### LEARNING OBJECTIVES

- Describe the situations that require ultra-time critical EMS response vs. an experienced ALS provider (“paramedic paradox”)
- List the evidence-based performance measures for EMS care of patients with stroke, STEMI, and cardiac arrest
- Describe the best practices for providing on-line medical direction
- Describe top-10 leadership attributes of an EMS physician

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**We succeed only as we identify in life, or in war, or in anything else a single overriding objective and make all other considerations bend to that one objective.  
- Eisenhower**

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**Background**

The job of the Medical Director is to be the communicator in chief

- 5% of the job relates to deciding what is the clinically appropriate thing to do
- 48.5% relates to external factors and clarifying the mission for the stakeholders
- 48.5% relates to internal factors and clarifying the mission for your own

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**Change Management**

- “Status quo police”
  - “That is not the way we do things around here”
  - Comparison:
    - Nike, Virgin, Amazon – change is a way of doing business
    - Sears and Proctor & Gamble – tried to stay “safe”
      - Adam Hartung – “Fire the Status Quo Police”

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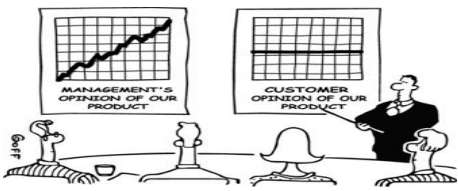
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#1 Measure What Matters



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**Improved neurologic recovery and survival after early defibrillation**

W. DOUGLAS WEAVER, M.D., MICHAEL K. COPASS, M.D., DEBBIE BUFI, R.N., ROBERTA RAY, M.S., ALFRED P. HALLSTROM, PH.D., AND LEONARD A. COBB, M.D.

**ABSTRACT** Eighty-seven patients who had out-of-hospital cardiac arrests received defibrillating shocks delivered by minimally trained first responders before the arrival of paramedics in a city with short emergency response times. Their outcomes were compared with those of 370 other victims who received only basic life support by first responders until paramedics arrived. Survival was improved by early defibrillation in cases in which there was a delay in initiating cardiopulmonary resuscitation and in which paramedic response times exceeded 9 min; there was 62% survival after early defibrillation by first responders and 27% if first responders provided only basic life support ( $p < .02$ ). Neurologic recovery was also improved after early defibrillation. Eighteen of 46 resuscitated patients (39%) receiving early defibrillation were awake at 24 hr compared with 49 of 204 patients (24%) who received only basic life support while awaiting paramedics ( $p < .02$ ). Incorporating defibrillation as part of basic life support can reduce both mortality and morbidity from cardiac arrest, even in cities with established, rapidly responding emergency care systems.  
*Circulation* 69, No. 5, 943-948, 1984.

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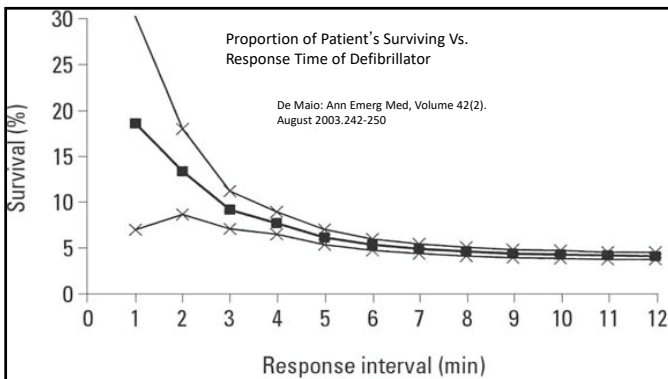
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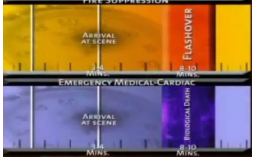
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## Lost in Translation



IAFF Fire-Based EMS Video

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## Effective ALS

- Previous AHA guidelines have emphasized “prompt” ALS
- It is now recognized that in most EMS systems there is a balance between paramedic response time and annual paramedic experience
- This has been called the “paramedic paradox”
  - Too few and the patient is not reached in time
  - Too many and the arriving paramedic may lack sufficient on-going experience to be effective

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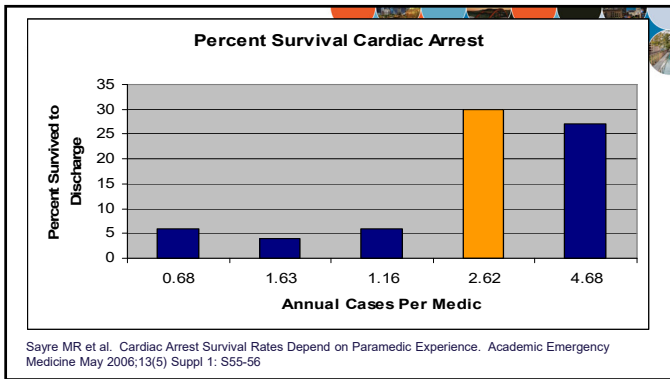
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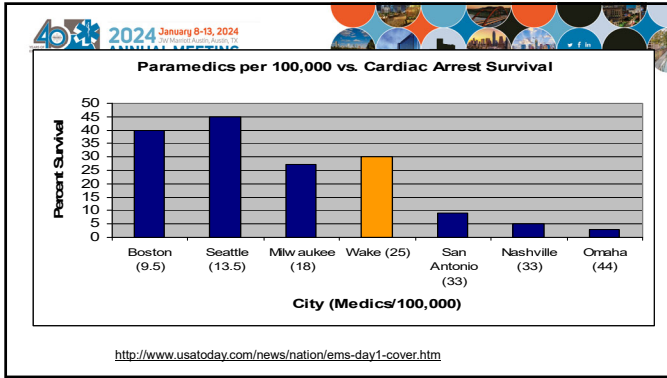
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**Houston Experience**

Table 4  
Survival by deployment type

	Uniform response	Targeted response	P-value
No. resuscitation attempts	24	181	
Return of spontaneous circulation	8 (33.3%)	101 (55.8%)	0.049
Survival to hospital admission	7 (29.2%)	92 (51.1%)*	0.05
Survival to hospital discharge	1 (4.2%)	43 (23.9%)*	0.03
Alive at 1 year	0	27 (15.0%)*	0.05

*D.E. Persse et al. / Resuscitation 59 (2003) 97-104*

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**EVIDENCE-BASED PERFORMANCE MEASURES FOR EMERGENCY MEDICAL SERVICES SYSTEMS: A MODEL FOR EXPANDED EMS BENCHMARKING**  
A STATEMENT DEVELOPED BY THE 2007 CONSORTIUM U.S. METROPOLITAN MUNICIPALITIES' EMS MEDICAL DIRECTORS (APPENDIX)

J. Brent Myers, MD, MPH, Corey M. Slovis, MD, Marc Eckstein, MD, MPH, Jeffrey M. Goodloe, MD, S. Marshal Isaacs, MD, James R. Loflin, MD, C. Crawford Mechem, MD, Neal I. Richmond, MD, Paul E. Pepe, MD, MPH

PEC 2008:12;141-51

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**TABLE 1. Key Treatment Elements for Various Clinical Entities Encountered by EMS Systems**

Clinical Area	Elements in Model
ST-Elevation Myocardial Infarction (STEMI).	Aspirin (ASA), if not allergic  12-Lead electrocardiograph (ECG) with prearrival activation of interventional cardiology team as indicated  Direct transport to percutaneous coronary intervention (PCI) capable facility for ECG to PCI time < 90 minutes

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### STEMI Treatment Bundle

- ASA Administration or justified
- 12 Lead transmitted
- *Scene time <15*
- *Transport to PCI center*
- *PCI < 90 min*
- NNT=15
  - Avoid re-infarction, stroke, death

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### NEMSQA Measures

Stroke-01	Percentage of EMS responses originating from a 911 request for patients suffering from a suspected stroke who had a stroke assessment performed during the EMS response.	Process	Clinical Process – Effectiveness
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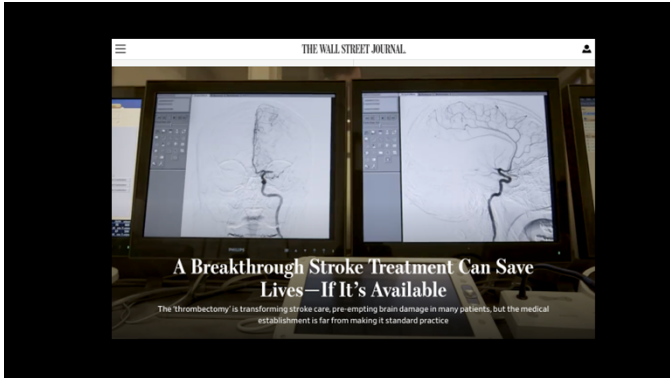
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### Quick Background – Data Safety Monitoring Board

- Used in randomized clinical trials to monitor for patient safety reasons to stop a study before all patients are enrolled
- May stop a study due to apparent harm – the intervention group is experiencing unexpected harm compared to the control and it is no longer ethical to provide the intervention
- May stop due to equivalence – the data strongly suggest that no difference will be detected between experimental and control and other considerations, such as cost, indicated trial should be stopped
- May stop due to apparent benefit – the intervention group is experiencing greater than expected benefit and it is no longer ethical to withhold treatment

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### Thrombectomy 6 to 24 Hours after Stroke with a Mismatch between Deficit and Infarct

Raul G. Nogueira, M.D., Ashutosh P. Jadhav, M.D., Ph.D., Diogo C. Haussen, M.D., Alain Bonafe, M.D., Ronald F. Budzik, M.D., Parita Bhuvra, M.D., Dileep R. Yavagal, M.D., Marc Ribo, M.D., Christophe Cognard, M.D., Ricardo A. Hanel, M.D., Cathy A. Sila, M.D., Ameer E. Hassan, D.O., Monica Millan, M.D., Elad I. Levy, M.D., Peter Mitchell, M.D., Michael Chen, M.D., Joey D. English, M.D., Qaisar A. Shah, M.D., Frank L. Silver, M.D., Vitor M. Pereira, M.D., et al., for the DAWN Trial Investigators\*

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**Control vs. Thrombectomy: Neuro Intact at 90 Days**

**13% vs. 49%**

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**ORIGINAL ARTICLE**

**Thrombectomy for Stroke at 6 to 16 Hours with Selection by Perfusion Imaging**

Gregory W. Albers, M.D., Michael P. Marks, M.D., Stephanie Kemp, B.S., Soren Christensen, Ph.D., Jenny P. Tsai, M.D., Santiago Ortega-Cutierrez, M.D., Ryan A. McTaggart, M.D., Michel T. Torbey, M.D., May Kim-Tenser, M.D., Thabele Leslie-Mazwi, M.D., Amrou Sarraj, M.D., Scott E. Kasner, M.D., Sameer A. Ansari, M.D., Ph.D., Sharon D. Yeatts, Ph.D., Scott Hamilton, Ph.D., Michael Mlynash, M.D., Jeremy J. Heit, M.D., Greg Zaharchuk, M.D., Sun Kim, M.D., Janice Carrozzella, M.S.N., et al., for the DEFUSE 3 Investigators\*

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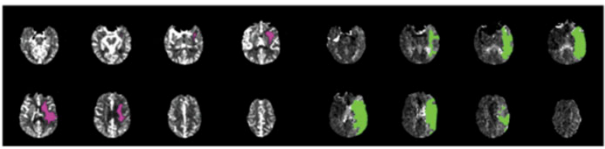
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**Volume of Ischemic Core, 23 ml**      **Volume of Perfusion Lesion, 128 ml**

Mismatch volume, 105 ml  
 Mismatch ratio, 5.6

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# POSITION STATEMENT

## EMS SPINAL PRECAUTIONS AND THE USE OF THE LONG BACKBOARD

National Association of EMS Physicians and American College of Surgeons Committee on Trauma

PEC 2013;17:392-93

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# SPECIAL CONTRIBUTION

## SPINAL MOTION RESTRICTION IN THE TRAUMA PATIENT – A JOINT POSITION STATEMENT

Peter E. Fischer, MD, MS, Debra G. Perina, MD, Theodore R. Delbridge, MD, MPH, Mary E. Fallat, MD, Jeffrey P. Salomone, MD, Jimm Dodd, MS, MA, Eileen M. Bulger, MD, Mark L. Gestring, MD

**Abstract**  
The American College of Surgeons Committee on Trauma (ACS-COT), American College of Emergency Physicians (ACEP), and the National Association of EMS Physicians (NAEMSP) have previously offered varied guidance on the role of backboards and spinal immobilization in out-of-hospital situations. This updated consensus statement on spinal motion restriction in the trauma patient represents the collective positions of the ACS-COT, ACEP and NAEMSP. It has further been formally endorsed by a number of national stakeholder organizations. This updated uniform guidance is intended for use by emergency medical services (EMS) personnel, EMS medical directors, emergency physicians, trauma surgeons, and nurses as they strive to improve the care of trauma victims within their respective domains.

Received May 23, 2018 from the Department of Surgery, University of Tennessee Health Science Center, Memphis, Tennessee.

PREHOSPITAL EMERGENCY CARE 2018;22:659-661

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# #2 Get Face Time in the Streets



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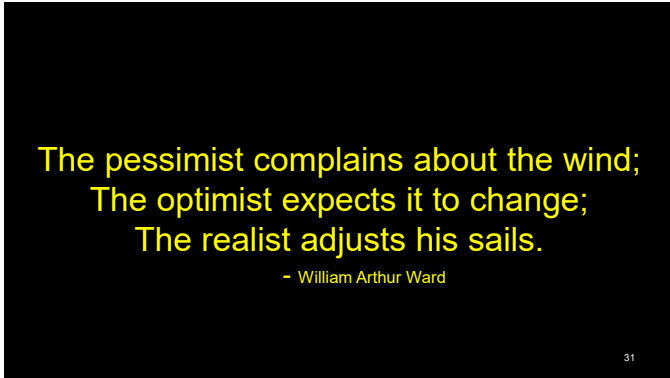
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### Why This May Be True

- Henry Ford offered his assembly line employees the equivalent of \$110/day minimum pay (up from ~\$55) to help reduce turnover and get "buy in"
- We can't raise pay but we can demonstrate respect for them by walking a mile in their shoes

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**I would rather try to persuade a man to go along, because once I have persuaded him, he will stick. If I scare him, he will stay just as long as he is scared, and then he will be gone.**

**- Eisenhower**

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**THE CODE GREEN CAMPAIGN**

We call code strokes, code STEMIs, and code traumas. It is time we called a code alert on our mental health.

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**# 3 Learn from the Streets**

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**Ambulance wait times: Inquiry into deaths after delays**

By Marie-Louise Connolly

The Northern Ireland Ambulance Service (NIAS) is investigating whether a delayed response contributed to the deaths of eight people in recent weeks.

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### Example of Case Review

**Assessment Time:** 7/29/2011 4:22:00 PM

**Narrative**

Dispatched to a traumatic injury. While en route dispatch is updated to a Cardiac Arrest. Upon our arrival we find an estimated 60 y/o m lying supine on the black top pavement. Pt has a pool of blood around head. CPR is in progress by first responders, with BVM use for airway management. Pt is in V-Fib. V-Fib protocol is followed. Pts pupils are constricted. After first defibrillation pt has a return of circulation. Pt is lying on a STEMI per 12-lead ECG.

While en route to hospital: Upon further evaluation it is discovered that the pt has 2nd degree burns to his forearms, back and shoulders. Burns are wrapped. Pt becomes agitated and combative. Pt is moaning and yelling. Versed 5mg IVP is administered. Pt is calm. Pts right pupil is now dilated and responsive, left pupil is non responsive. Rex ED is notified of STEMI. Pt becomes combative once again. A second dose of Versed 5mg IVP is administered. Pt is calm once again. Care and report are given to Rex ED RN [redacted] in bed 3.

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**ARTICLE IN PRESS**  
CARDIOLOGY/REVIEW ARTICLE

### Systematic Review and Meta-analysis of the Benefits of Out-of-Hospital 12-Lead ECG and Advance Notification in ST-Segment Elevation Myocardial Infarction Patients

Julian Nam, MSc; Kyla Caners, MD; James M. Bowen, BScPhm, MSc; Michelle Welsford, MD, ABEM, FRCP; Daria O'Reilly, PhD, MSc

**Study objective:** To present a review of out-of-hospital identification of ST-segment elevation myocardial infarction patients transported by emergency medical services with 12-lead ECG and advance notification versus standard or no cardiac monitoring.

**Methods:** EMBASE, PubMed, and the Cochrane Library were searched, using controlled vocabulary and keywords. Randomized controlled trials and observational studies were included. Outcomes included short-term mortality ( $\leq 30$  days), door-to-balloon/needle time and/or first medical contact-to-balloon/needle time. Pooled estimates were determined, where appropriate. Results were stratified by percutaneous coronary intervention or fibrinolysis.

**Results:** The search yielded 1,857 citations, of which 68 full texts were reviewed and 36 studies met the final criteria: 15 included data on percutaneous coronary intervention and 3 on fibrinolysis (2 included both). Where percutaneous coronary intervention was performed, out-of-hospital 12-lead ECG and advance notification was associated with a 39% reduction in short-term mortality (8 studies;  $n=6,339$ ; risk ratio 0.61; 95% confidence interval 0.42 to 0.89;  $P<.01$ ;  $I^2=30\%$ ) compared with standard or no cardiac monitoring. Where fibrinolysis was performed, out-of-hospital 12-lead ECG and advance notification was associated with a 29% reduction in short-term mortality (1 study;  $n=17,026$ ; risk ratio 0.71; 95% confidence interval 0.54 to 0.93;  $P<.01$ ). First medical contact-to-balloon, door-to-balloon, and door-to-needle times were consistently reduced, though large heterogeneity generally precluded pooling.

**Conclusion:** The present study adds to previous reviews by identifying and appraising the strength and quality of a larger body of evidence. Out-of-hospital identification with 12-lead ECG and advance notification was found to be associated with reductions in short-term mortality and first medical contact-to-balloon, door-to-balloon, and door-to-needle time. [Ann Emerg Med. 2013;■:1-20.]

Please see page XX for the Editor's Capsule Summary of this article.

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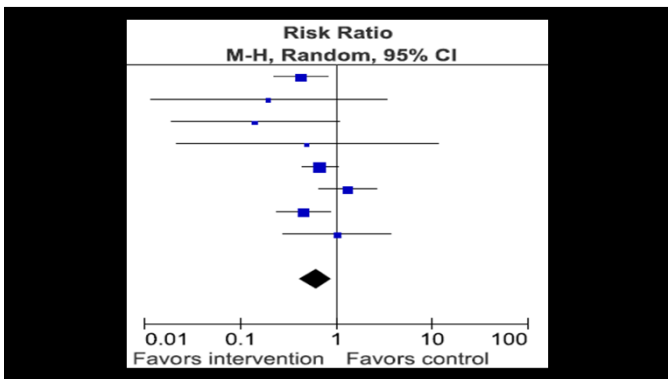
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#5 Do Not Delegate On-Line Medical Direction



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Why This Matters?

- To the providers – they get a consistent message
- To your ED co-workers – they get a break and come to respect your decision-making
- To you – you learn more about your providers than by nearly any other mechanism

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#6 – Deliver Educational Sessions in Person

- Praise in public
- Remediate in private
- Show positive cases and cases with opportunity for improvement

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Be the Face of Patient Care



**TECH**  
**Apple CEO Tim Cook requests and receives a 40% pay cut after shareholder vote**  
PUBLISHED THU, JAN 12 2023 6:42 PM EST | UPDATED FRI, JAN 13 2023 AT 5:48 EST  
By [Kif Lewing](#) @KIFLEWING

Apple Chief Executive Tim Cook made a recommendation on the salary adjustment.  
 PHOTO: CESARE ABBATE/SHUTTERSTOCK  
By [Aaron Tilley](#) Follow  
 updated Jan 12, 2023 at 11:13 pm ET

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JOURNAL REPORTS: LEADERSHIP

## Microsoft Tops the Best-Managed Companies of 2022

The company is No. 1—again—in the Drucker Institute’s annual Management Top 250 ranking. But below No. 1, there were a lot of changes, especially among technology companies.

By [Meehan Bobrowsky](#) Follow  
 Dec 11, 2022 at 9:05 am ET

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## #7 Don't Sweat the Small Stuff

*Beware the barrenness of a busy life - Socrates*



www.DreamThisDay.com

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### Examples

- Medications within categories
- Minor clinical misadventures
- Educational methods
- 8 to 12% of the US population calls for EMS each year
  - We are UMS – unscheduled medical service that occasionally responds to an emergency

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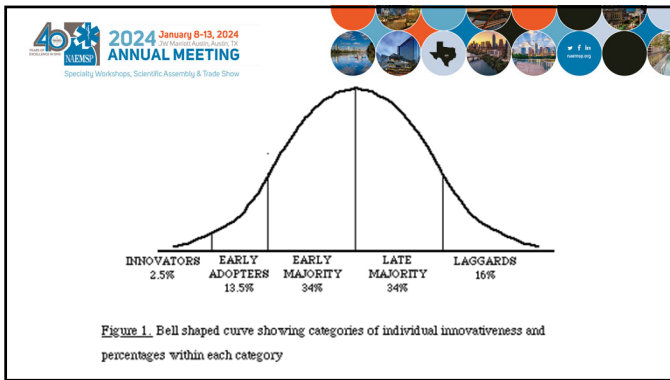
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## #8 Stand Up When it Matters



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### #9 Put Your Money Where Your Mouth Is

- Response Time
- Safety
- Education
- Commitment to the providers

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Clinical Condition	Ultra-time critical treatment	BLS or ALS
Cardiac arrest	Compressions and defibrillation	BLS
Severe trauma	Hemorrhage control, reduction of fracture, rapid transport, chest decompression	BLS (save for chest decompression today)
Anaphylaxis	IM Epinephrine	BLS
Asthma	Inhaled beta agonist, IM Epinephrine	BLS

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### Spaceballs' EMS Measures



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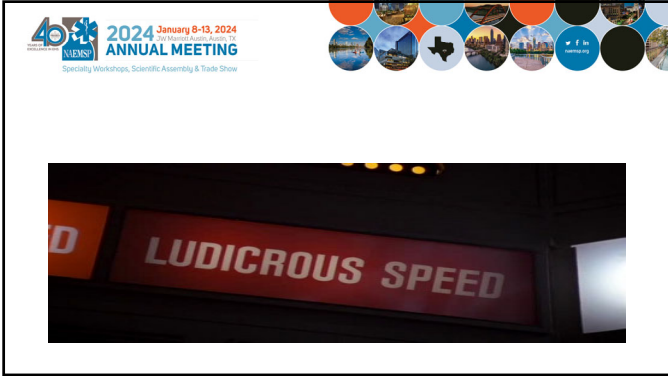
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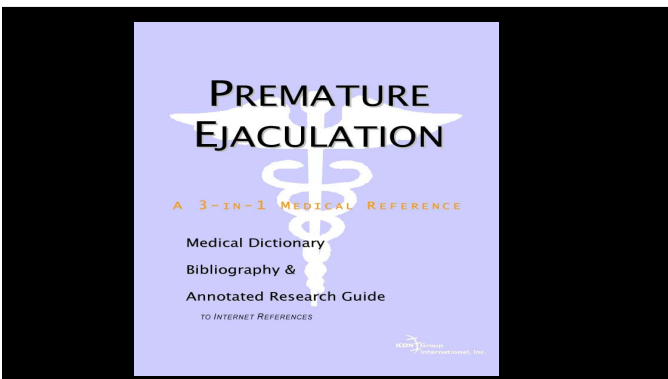
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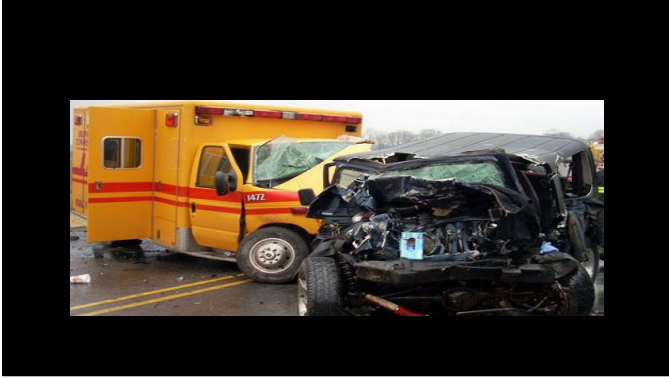
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### Speed Report Rather Than Response Time Report

- All speeds over 80 MPH trigger a review
- Progressive discipline is utilized for those who violate safety/speed regulations
- Save for the laggards, this has been universally well-received

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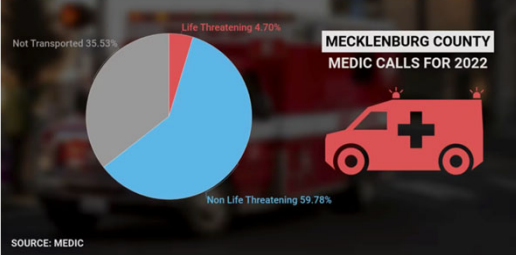
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**MECKLENBURG COUNTY  
MEDIC CALLS FOR 2022**

Not Transported 35.53%

Life-Threatening 4.70%

Non Life-Threatening 59.78%

SOURCE: MEDIC



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Utilize Pre-printed Drug Dose Cards For All Weight-Based Drug Administrations for which they are supplied to verify correct drug and dose prior to administration

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Medical Director Notification Policy:

- If any events as listed in the Automatic Medical Director Notification section of the Foundations of Practice occur, notify the medical director immediately. If no answer with cell phone, call RWCC Rescom for further assistance.
- If any other adverse clinical outcome, notify the medical director as soon as possible via email and/or cell phone. The probability of utilization of the Disciplinary Procedure is greatly diminished if the provider with a misadventure contacts the medical director directly.
- If an error occurs without adverse patient outcome and/or a "near miss" occurs, complete the Wake County EMS System Clinical Unusual Event Report.

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Scene safety

Bring all necessary equipment to patient's side

Demonstrate Professionalism and Courtesy

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#10 Always Put the Patient First (But Don't Say it Very Often)

- "I am tired of hearing about the patient – when we can talk about operations!"
  - Anonymous former EMS Chief in the Wake EMS System
- Don't talk about dead babies in the street
- Do bring the medical community along

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Example -- Hypothermia



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**Adult Emergency Department**

**Induced Hypothermia and/or Rewarming**

**Status Post Cardiac Arrest Orders** 140010

**Inclusion Criteria**

- Non Traumatic Cardiac Arrest with Return of Spontaneous Circulation (ROSC)
- Core Temperature greater than 93.2°F (34°C) at presentation
- Time to initiation of hypothermia is less than 6 hours
- Comatose after ROSC: GCS less than 8, and no purposeful movements to pain

**Exclusion Criteria**

- Uncontrolled GI bleeding
- Patient requiring Mannitol therapy
- Advanced Directives or DNR status
- Cardiovascular instability as evidenced by: Uncontrollable dysrhythmias
- Refractory hypotension (unable to achieve target MAP with pressors – at least 75mmHg)
- Sepsis as suspected cause of cardiac arrest
- Suspected intracranial hemorrhage
- Major intracranial, intrathoracic or intrabdominal surgery within 14 days
- Gravid pregnancy

DATE / TIME	Weight	kg	Time of ROSC
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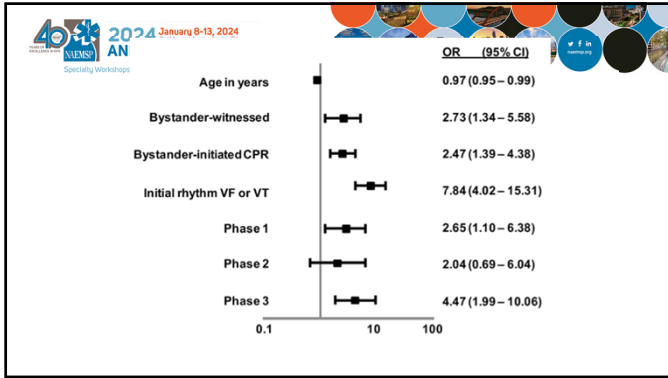
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**Take Home Points**

- #1 Measure What Matters
- #2 Get Face Time in the Streets
- #3 Learn from the Streets
- #4 Control the Message
- #5 Do Not Delegate On-Line Medical Direction (at least not all of it)

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**Take Home Points**

- #6 Deliver educational message in person
- #7 Don't sweat the small stuff
- #8 Stand up for what matters
- #9 Put your money where your mouth is
- #10 Always put the patient first (but don't say it too often)

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**I would rather try to persuade a man to go along, because once I have persuaded him, he will stick. If I scare him, he will stay just as long as he is scared, and then he will be gone.  
- Eisenhower**

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**Post Your Thoughts About This Session**

Use the hashtag #NAEMSP2024 to share what you learn!




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