

MINUTES OF WORKSHOP  
OCTOBER 6, 2014  
6:00 PM

PRESENTATION BY DR. LUCAS KOLM, DIRECTOR OF ER AT  
WENTWORTH-DOUGLASS HOSPITAL AND AMERICAN  
AMBULANCE'S MEDICAL DIRECTOR REGARDING EMS QUALITY  
OF CARE SERVICES BEING PROVIDED AS WELL AS NEW  
INITIATIVES.

Mayor Hilliard opened the Public Hearing at 6:00 pm by introducing and welcoming Lucas Kolm.

Scott Schuler, Operations Manager of American Ambulance opened by said that they would talk about Dr. Kolm's background, different types of medical direction that exists for EMS organizations and why theirs goes above and beyond what is required, state requirements for medical records and differences between American Ambulance and other EMS organizations, both private and municipal, as well as CAAS, (Commission on Accreditation of Ambulance Services,) and some upcoming care initiatives.

Dr. Kolm outlined his background saying that he attended UNH as an undergraduate and a little later for a graduate degree. His medical degree is from BU. He trained in Chicago. Originally from Boston, he spent more time in the Seacoast than in the Boston area. He is very passionate about the area and about emergency services.

He spoke of his relationship with American Ambulance as well its relationship to the Community.

Medical Direction is tied to State protocols. Any service that wants to have current practice has to make sure they are staying on top of quality, protocols, etc. The American Ambulance leadership is proactive. Online medical direction is not new. It offers real time communication between ambulances and emergency departments. Even though EMS providers have a tremendous amount of autonomy to implement pre-standing protocols, they can always call for medical control and that is a blessing, he said. Agencies declare that they have a relationship with a (hospital) and they can avail themselves of ... services, etc., from these resource facilities such as case review, follow up as needed, to determine that protocols were followed, etc.

...He said that quality management is an underpinning of this, over time you start to recognize trends during the review process which you want to use to see how it impacts patient encounters. Hopefully care is standardized, but there are barriers in that not all states function with statewide protocols. For instance Maine and New Hampshire protocols can differ which can be very relevant to case reviews. He spoke about

necessary reviews of, for instance, traumas like car accidents that involve multiple services.

Currently American Ambulance is reviewing 100%: severe trauma, cardiac arrest, sepsis recognition, stroke and refusals of care. They are tying in EMS in the area for early recognition/detection to get people treatment earlier.

Retrospective analysis is key to knowing if employees are working in a standardized format and following protocol in a timely manner. They review unanticipated outcomes and outliers, things that just don't make sense, to see if there are things that they need to pay attention to. These reviews are not punitive, but (done) for transparency to effect future cases in a more positive way.

There are times when Police, Fire and EMS are involved in delicate circumstances; sometimes medical/ethical, sometimes medical/legal, sometimes with a confidentiality component. They meet and review these case.

As an EMS leader in this industry, American Ambulance is driven for quality. He has seen example of this in his short time with them. They are drawing from other industries and looking for things like safety design and trying to make them fit their organization, for instance crew resource management out of the airline industry. They are taking those examples and trying to make them work for everybody.

Recently American Ambulance met or exceeded all 169 standards of the Commission of Accreditation of Ambulance Services, CASS. Only 2% of ambulance services meet or exceed this standard. It was not mandated or necessary but they decided to push forward with it. Everybody's hope is that they continue to exceed these standards in the future.

It remains to be seen if there is value added from hiring an Operational Medical Director. He must bring education forward on a scheduled basis, by the end of the year those identified earlier; cardiac arrest, sepsis, stroke, trauma initiatives, etc. Implementing a quality management program that exceeds industry standards control really has to have a concurrent evaluation.

Dr. Kolm remains attached to this process and says that so far it has been highly effective and hopefully the quality only gets better. He said there are imperfections in all systems and you have to keep your eyes on the risk factors.

Councilor Witham thanked Dr. Kolm for coming out. He said that he know there was a discussion about end of life events happening in home with emergency personnel spending protracted times. It is a partnership between EMS and the hospital, but also (local) responders. He said he assumes that local interface is also taken into review.

DR. Kolm thought that was an interesting case and said there are multiple shades of gray. The next time that happens, it'll be "the same thing but different." Going back to empowering flexibility and autonomy under statewide protocols to be able to use medical

control prior to case review so that you can make case by case decisions because you may save someone's life by not just reflecting on a case that took place. (For example) maybe aybe you would transport sooner, even if the outcome was the same you would utilize less resources but you would have been effective in your decision making.

Dr. Kolm told the Council that if anything comes up, he is reachable. He thanked the Council members for their time.

The Workshop closed at 6:20 pm.

Respectfully submitted,

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Elise B. Brelis, Deputy City Clerk