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Chief Jim Zimmerman – Assistant Chief Dave Compston



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East Union Township – Board of Trustees,

As I will be out of town and unable to attend the meeting on March 7th, I would like to take this opportunity to formally express my position on the changes that are being made by our Medical Direction at Wooster Community Hospital, specifically in regards to the cardiac arrest resuscitation procedures. Asst. Chief Dave Compston and Captain Jared Durstine will be presenting the changes in greater detail to you in your meeting, but I felt that it was important for me to express my position to you and to our citizens considering the valid concern they may have regarding our EMS crews performing resuscitative efforts on scene, rather than transporting to the hospital as quickly as possible.

This change is the result of many studies and is quickly becoming the trend in Emergency Medicine. Our new Medical Director, Dr. Jennifer Kline, has allowed us to function in this manner within our newly updated protocols. While she is recommending it, she not requiring it. I have seen some of the studies and completely agree with Dr. Kline's position. While to the general public it may appear that we aren't doing what's best for the patient by not getting them to the hospital quickly, the science actually proves that staying on scene and limiting disruptions in CPR drastically improves the survivability of a cardiac arrest. It is also very important to note that when we are operating as an Advance Life Support squad, the treatment algorithm, medications, equipment, and capabilities are the same for these patients in the field as they are in the Emergency Room setting.

We have discussed this amongst the officers of the department and we do not feel that it is appropriate for us to dictate a policy regarding this practice, rather we feel that it is best to handle these emergencies on a case by case basis, allowing our personnel to determine the best course of treatment for each individual patient/situation. Additionally, Dr. Kline has defined very clear orders within our protocol as to when it is recommended to stay on scene and when it is required that transport immediately.

In addition to the changes discussed above, Dr. Kline has also written into the protocols that we *may* terminate resuscitative efforts in the field after all treatment options have been exhausted. As with the other changes, this too is not required by Medical Control and appropriate situations for this are clearly defined. This too will be handled on a case by case manner by our department, but termination of efforts in the field will never be done if there is any doubt whatsoever that transporting the patient to the ED may be beneficial. While it is rare that it will happen, I do see scenarios where terminating efforts in the field may be better for the patient's family in the long run. By transporting a patient that has no chance of survival to the ED, we increase the burden on the family by forcing them to go to the hospital to learn the inevitable during an extremely emotional and stressful time. Additionally, the patient would then receive a bill for service provided by the hospital, adding to the family's burden. Because of this, I do see times when it could be beneficial to terminate resuscitative efforts in field, however I do not anticipate it happening often.

I encourage anyone with any questions or concerns with these changes to reach out me. Our goal with this is to educate everyone as early and as well as possible in an effort to reduce the chances of damaging our relationship with anyone in this great community that are privileged to serve.

Thank you,

Jim Zimmerman