



Peninsulas Emergency Medical Services Council, Inc.

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Gloucester, VA 23061

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PEMS Medical Advisory Committee Meeting Minutes

A Subcommittee of the Board of Directors

Meeting Date: June 9, 2016

Meeting Location: Peninsulas EMS Council, 6876 Main Street,
Gloucester, Virginia 23061

Chaired By: Cheryl Lawson, MD

Begin Time: 6:30 pm

End Time: 9:00 p.m.

Minutes Submitted By: Michael Player

Draft X Approved Date:

Members Present:	Members Absent:	Staff:	Others:
Baker, MD, Chris (TC)	Apostoles MD, Steve	Bendit, Jeff	Beam, RN, Shanon
Burford, MD, Amy	Ashai MD, Hamza	Blymyer, Randi	
Dunn, MD, Chad (TC)	Buetow MD, Elizabeth	Hoyle, Paul	
Enzor, Lindsay (TC)	Clark, DO, Clarence	Player, Michael	
Erwin, MD, Eleanor (TC)	Clifford MD, Christianne	Thomas, Debbie	
Jennings, MD, Torino (TC)	Dodd, DO, Lisa		
Justis, MD, David	Dudley MD, James (Excused)		
Laing, Jim	Fish, Jr. MD, James (Excused)		
Lawson, MD, Cheryl (Chair)	Garrison MD, Jason		
Veek, Phillip	Gupta MD, Sudershan		
	Hass MD, Chris (Excused)		
	Harper, Kimberly		
	Hogge, Lauren		
	James MD, Christopher		
	Jones MD, Harold		
	Kramer, Karen		
	McCorry DO, James (Excused)		
	Ray MD, Gaylord (Excused)		
	Robertson MD, Ralph		
	Skrip MD, Steven		
	Weber MD, Brent		

Item	Discussion	Action Required	By Whom/When
Call to Order	<p>Dr. Lawson called the meeting to order at 6:30 pm</p> <p>Introductions</p> <p>Dr. Lawson thanked staff for Busch Gardens, EMS Expo, Difficult Airway Cadaver Lab</p>		
Approval of Minutes	<p>Corrections were made to the March 10, 2016 PEMS Medical Advisory Committee meeting minutes provided, Minutes were approved.</p>		
Regional OMD Report	<p>The REPLICA (Recognition of EMS Personnel Licensure Interstate CompAct) passed the Virginia General Assembly. It has been passed by 7 states of the 10 required to enact it. The compact will allow for the recognition of EMS licenses and certification by participating states, similar to how states recognize each other's driver's licenses.</p> <p>SALT vs. START Dr. Lawson reported that the Commonwealth of Virginia is looking at a new Triage System call SALT (Sort, Assess, Lifesaving Interventions, Treatment/Transport) to replace START (Simple Triage And Rapid Treatment). The new tool would include a fifth triage category – Grey (for Expectant Patients). She said the state reported the new system will not be implemented until the federal government makes a final decision to adopt it. START has been the Virginia standard field triage tool since the mid 1980's.</p> <p>Med Errors in Children – EMS for Children reported problems across the state with providers giving incorrect drug dosages due to incorrectly estimating children's weights. They encourage all OMDs to work with their agencies to draw attention to this problem.</p>		
OMD Membership	<p>M. Player noted that no OMDs from the PEMS region are due to expire for the remainder of this year.</p> <p>Mr. Player also provided the date for the last scheduled EMS Medical Director CE Workshops of this fiscal year.</p> <ul style="list-style-type: none"> • June 10, 2016 – Half-day workshop, VAVRS Rescue College, The Inn at Virginia Tech, and Blacksburg, VA from 8 am to 12 noon. <p>Dr. Lawson reminded everyone that there will be also be an EMS Medical Director CE Workshop at the Virginia EMS Symposium in Norfolk in November, and another at PEMS on December 8, 2016 from 08:00 to 12:00 noon immediately preceding the combined PEMS/TEMS Medical Direction Meeting.</p>		

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ALS Coordinators	Mr. Player reported that there was only one ALS Coordinator Recertification Application received during the quarter – Mr. Eric Gaskins who wished to continue his teaching with the Newport News Fire Department.		
Committee Reports	<p>Pharmacy Committee – Lindsay Enzor</p> <p>RSI Ad Hoc Committee Meeting – J. Bendit reported that the five jurisdictions that currently perform RSI in the PEMS Region met at the Newport News Fire Department Training Center with the Chair of the Pharmacy Committee and the PEMS EMS Field Coordinator/Operations to standardize the RSI Medication Kit and adopt the forms and processes necessary to include the kits as part of the Regional Medical Kit Exchange System. The Pharmacy Committee made a motion to accept the RSI Medication Kit presented by the RSI Ad Hoc Committee, its forms and processes as the regional standard/as part of the PEMS Regional Medication Kit Exchange System. The motion passed.</p> <p>Mr. Player reported that the same Ad Hoc Committee, which had standardized the RSI Medication Kit, was working on a set of standardized RSI model guidelines so that any other agency contemplating the adoption of RSI would have a template to guide them. Mr. Player stated that most of the work has been completed with the exception of the training curriculum. It is hoped that when the model guidelines are completed, the MAC would adopt them as the Regional Standard of Care.</p> <p>Shanon Beam stated that the Protocols, Policies and Procedures Committee had contemplated the addition of Ketamine for Pain but abandoned it. Dr. Lawson stated that she felt it was needed for Excited Delirium. Dr. Justis reported that he had just read two articles in the May issue of Annals of Emergency Medicine which discussed the use of Ketamine in Excited Delirium Cases. He said investigators found that two 10mg doses of Haldol with or without a Benzodiazepine were adequate to sedate 90% of the excited delirium cases reported. They also reported that Ketamine was needed in only 10% of the cases, but that it worked 80% of the time.</p> <p>Dr. Erwin asked that the MAC consider putting Ketamine only in the RSI Medication Kits. She stated that she was very concerned about EMS units being targeted for armed theft because medication kits would be carrying Ativan, Morphine, Fentanyl, Versed, and Ketamine. Dr. Erwin made a motion to have PPP look at Ketamine for Excited Delirium and RSI, with placement only in the Regional RSI Kits (only available to RSI agencies and RSI approved providers). Dr. Justis second the motion. The motion passed.</p>	Develop Protocols for the Use of Ketamine for RSI and Excited	Dr. Justis and PPP by June 2017

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	<p>Dr. Burford stated that she her experience was that providers were not using Haldol in Excited Delirium. Mr. Player stated that the way the current protocol was written, providers were guided in the use of benzodiazepine in the Excited Delirium protocol, but then directed to another protocol, which discussed the use of Haldol. He stated that it would be easy to add the specific guidance to use Haldol in the Excited Delirium protocol after the Versed in instead of referencing the Behavioral Emergencies Protocol. Dr. Burford made a motion to place Haldol after Versed in the Excited Delirium Protocol. Dr. Justis seconded the motion. The motion passed.</p> <p>Amiodorone – L. Enzor stated that someone had reported that Amiodorone packaging said it could not be used with Normal Saline. She said that she had researched the issue and could not find anything that said Amiodorone was incompatible with Normal Saline. She reported that Amiodorone was most stable in D5W and that for long-term infusions (2 hours or more); Amiodorone should be mixed in D5W, but that in most EMS situations, that was not an issue. She did not recommend any changes in protocols.</p> <p style="text-align: center;">Next Meeting – August 3, 2016, 3:00 pm at PEMS</p> <p>Performance Improvement Committee – Paul Hoyle</p> <p>2015 Ground Transport Destinations – Mr. Hoyle presented the results of a recent data pull from VPHIB looking at transport destinations from PEMS EMS Agencies. He counseled the MAC not to draw too many conclusions from the report because of an obvious absence of data. He said that one conclusion which could be drawn was the large number of patients that are being transported to destinations outside of PEMS. PEMS requested that no one use this report alone to make any decisions.</p> <p>Mr. Hoyle reported that the Virginia Office of EMS is making major changes to VPHIB access and the new database that should make data collection much easier in the future.</p> <p style="text-align: center;">Next Meeting – July 11, 2016, 10:00 am at PEMS</p> <p>PPP Committee - Dr. David Justis</p> <p>Presentation of Recommended Protocol Changes Dr. Justis reported that the protocol additions and changes recommended by the PPP could</p>	Delirium	

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	<p>be lumped into two major categories. 1) Obstetrical and Obstetrical Related Protocols – made significant because of the lack of Obstetrical Services immediately available to a large portion of the region, and 2) those Protocols changed due to the 2015 AHA Guideline Changes.</p> <p>In addition, the committee is requesting that the MAC approve changes to fentanyl, to increase the repeat dosing range and increase the maximum dosing limit for patients requiring additional pain relief.</p> <p>Mr. Player reported that the draft protocols will remain available to the regional OMDs on the PEMS Annotated MAC Agenda Webpage http://www.peninsulas.vaems.org/mac . Each agency OMD will be asked to review the protocols. The PEMS staff will prepare a survey which will be sent to each OMD asking them to approve as written, not approved as written and add comments on each draft protocol. These comments will be collected for the month of July, reworked and sent back out to the OMDs for review and additional editing as necessary in August. The reworked drafts will be presented for a final vote at the September MAC meeting.</p> <p>Dr. Justis briefly presented each of the draft protocols.</p> <ul style="list-style-type: none"> Abruptio Placenta Adult Burn Airway Management Asystole Bradycardia Breech Delivery Cardiac Arrest Non-shockable Pediatric Cord Prolapse Dopamine Epinephrine Fentanyl Narrow Complex Tachycardia Pediatric Burn Pediatric Bradycardia Pediatric Unstable Tachycardia Post Partum Hemorrhage Post Resuscitation Care 	<p>Prepare Survey Instrument for OMD input on Draft Protocols</p>	<p>P. Hoyle by July 1, 2016</p>

Item	Discussion	Action Required	By Whom/When
	<p>Pre-Term Labor ROSC Shoulder Dystocia Supraventricular Tachycardia Uncomplicated Delivery Uterine Rupture Ventricular Tachycardia Pediatric Ventricular Fibrillation/Pulseless Ventricular Tachycardia Next Meeting of the – July 14, 2016, 10:00 am at PEMS</p> <p>Clinical Program Task Forces (Stroke, STEMI, Trauma) D. Thomas</p> <p>Trauma Task Force Presentation of Recommended Protocol Changes – S. Beam Mrs. Beam reported that while preparing a class on Burns she noticed that the Burn Protocols referenced the Trauma Triage Protocol for guidance on which burns needed to be transferred to a Trauma/Burn Center. She stated that when she looked at the Trauma Triage Protocol, that guidance was missing. The new draft Adult and Pediatric Burn protocols had been re-written to include that guidance from the American Burn Association. Next Meeting – June 9, 2016, 1:00 pm at PEMS</p> <p>Stroke Task Force – S. Beam Presentation of Recommended Protocol Changes Mrs. Beam stated the region was blessed with the presence of two comprehensive stroke centers. In response to a request from the Stroke Task Force, a special meeting was held at PEMS with all three hospital systems in the region to identify which stroke patients need to go directly to a comprehensive stroke center and which should go to the closest primary stroke center. During the meeting it was recommended that the Stroke Checklist be eliminated (the information is provided by other means), that the RACE stroke scale replace the FAST/BFAST scale for EMS providers, to help identify patients with large vessel occlusions. The RACE scale has a sensitivity of 0.85 and a specificity of 0.68. A RACE Scale Equal to or Greater than 5 Combined with a history of onset less than 6 hours would indicate a patient that needed to go directly to a comprehensive stroke center as long as the additional transport time required to get to a comprehensive stroke center did not add more than 15 minutes to the time required to get the patient to a primary stroke center. During the meeting, it was also recommended that EMS providers with a patient whose onset was</p>		

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	<p>greater than six hours should consult with online Medical Control for assistance in determining the most appropriate destination.</p> <p>Dr. Lawson requested that the wording “obtain contact information for next of kin” be displayed prominently following “assess the stroke probability using RACE” in the protocol. There was no dissent.</p> <p style="text-align: center;">Next Meeting – April 10, 2016, 1:00 pm at PEMS</p> <p>STEMI Task Force Presentation of Recommended Protocol Changes – Debbie Thomas</p> <p>Mrs. Thomas presented the STEMI Task Force recommended protocol changes. Next Meeting – May 12, 2016, 1:00 pm at PEMS</p> <p>EMS Operations Committee - Jeff Bendit</p> <p>Jeff Bendit reported that the first meeting of the EMS Operations Committee occurred on April 5, 2016 at PEMS. Mr. Veek and Mr. Laing were appointed to represent the Virginia Peninsula and Middle Peninsula EMS agencies on the MAC.</p> <p>Mr. Veek stated that the committee was concerned about a bill in Congress that if approved would eliminate regional drug box systems and require each EMS agency to be responsible for their own medication purchase, storage, deployment and resupply. Next Meeting – July 5, 2016 at 6:30 pm at PEMS</p>		
PEMS Updates	<p>Essex County Tornado After Actions – Mr. Player reported that PEMS staff had been involved in several After Action meetings regarding the February 24, 2016 EF3 tornado that moved through the middle peninsula and northern neck cutting a 28 mile path 400-500 yards wide, destroying 30 buildings, and creating a mass casualty incident. One AAR was held at Riverside Tappahannock Hospital and another at University Medical Center, Virginia Commonwealth University. PEMS will work with Riverside Tappahannock Hospital and Essex County to develop an exercise series to help them work through lessons learned from the incident. In addition, PEMS will ask its PEMS/TEMS MCI workgroup to meet with the disaster committees from ODEMSA and REMS to compare MCI plans and clarify processes and language to allow for a better outcome during incidents impacting multiple regions.</p>		

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	<p>PEMS Rural EMS Education Expo - Mr. Player reported that he had to postpone the PEMS Rural EMS Education Expo two weeks prior to the event due to low registration. He stated that the PEMS staff will be evaluating rationale, marketing, timing and venue prior to rescheduling the event.</p> <p>Difficult Airway Cadaver Lab – Mr. Player reported that the Difficult Airway Cadaver Lab was successfully conducted even though the Rural EMS Education Expo was postponed. He stated that the cadavers purchased for the class were already thawing when the Expo was postponed. We were able to move forward and conduct a successful class because of the generosity of Newport News Fire Department that allowed us to use their Training Center and LifeEvac who provided the equipment and expendable items required for the class. 28 students completed the one-of-a-kind two-day program.</p> <p>EMS Day Celebration at Busch Gardens/PEMS 2016 EMS Awards – Mr. Player reported that the EMS Day Celebration at Busch Gardens, held on May 28, 2016 was a great success with 430 people attending. After an all-you-can-eat picnic held in the Black Forest picnic area, the Council announced its 2016 Regional EMS Award Winners.</p> <ul style="list-style-type: none"> Excellence in EMS – Thomas J. Beasley, (Westmoreland County Emergency Services) Physician with Outstanding Contribution to EMS – Lisa M. Dodd, DO, (Riverside Tappahannock Hospital, Northumberland Department of Emergency Services) Outstanding EMS Telecommunications Dispatcher – Ashley Cunningham, (York-Poquoson-Williamsburg Emergency Communications Center) Outstanding Prehospital Educator – William Ken Carter, (Newport News Fire Department) Outstanding Prehospital Provider – Bradley S. Beam, (Williamsburg Fire Department) Outstanding EMS Agency – Medical Transport LLC Outstanding EMS Administrator – Phil Shahan, Jr., (Mid-County Volunteer Rescue Squad) Outstanding Contribution to EMS by a High School Senior – Hannah R. Craig (Home Schooled) Nurse with Outstanding Contribution to EMS – Shanon Bram, RN, (LifeEvac 3) Outstanding Contribution to EMS Health and Safety – Katherine West, RN (Infection Control/Emerging Concepts, Inc.) 		

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	<p>Outstanding Contribution to EMS for Children – Hampton Division of Fire and Rescue</p> <p>Outstanding Contribution to EMS Preparedness and Response – Stephen P. Kopczynski (York County Department of Fire and Life Safety)</p> <p>Call of the Year – Hampton Division of Fire and Rescue, Hampton Police Department</p> <p>Special Recognition for Regional EMS Service - Curtis Mason, Sr., (Mattaponi Rescue Squad)</p> <p>Special Recognition for Lifetime EMS Achievement and Service – J. David Barrick, Assistant Fire Chief for EMS Operations (Newport News Fire Department)</p> <p>Special Recognition for PEMS Website – Paul Hoyle</p> <p>2016 PEMS Regional EMS System Platinum Partnership Award – Riverside Health System</p> <p>2016 PEMS Regional EMS System Gold Partnership Award – Sentara Healthcare</p> <p>2016 PEMS Regional EMS System Gold Partnership Award – Bon Secours Hampton Roads Health System</p> <p>EMS Council Re-designation and Contract Renewal – Mr. Player reported that the EMS Council Re-designation process has been delayed due to changes in the state procurement processes affecting all contracts. In order to continue ensure the services provided by the regional councils are not interrupted during the transition to the new procurement system; the Virginia Office of EMS has extended the current contract through the remainder of the 2016 calendar year.</p> <p>Spring RSAF Grant Cycle – Mr. Player reported that he had attended the Spring 2016 Rescue Squad Assistance Fund Grant Review, conducted by the Virginia EMS Advisory Board Financial Assistance Review Committee (FARC) in Richmond June 2-3, 2016. Mr. Player reported that the FARC received 158 grant applications for a total of \$10,839,000.00 in requests (the largest grant cycle to date). He reported that FARC had \$4,180,689.00 available to award. He stated that there were 18 grants submitted by the PEMS region for a total of \$1,365,745.00. He said that the FARC recommended \$556,961.00 in PEMS RSAF grant applications (40% of that requested by PEMS and 13% of that recommended for award by FARC). Mr. Player reported that any agency or individual who reports an “unsafe” vehicle in RSAF their grant narrative or supporting documents, will receive a call from the Virginia Office of EMS notifying them that the EMS permit has been withdrawn for the vehicle in question.</p>		

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Old Business	M. Player reported that the council was still trying to schedule a Hospital Diversion – Strategic Planning Meeting with the hospitals and PEMS stakeholders.		
New Business	<p>Dr. Lawson reported that Sentara CarePlex Hospital will have a meeting on June 16, 2016 at 9:00 am to discuss the use of Narcan by police officers. The DEA and the Attorney General’s Office are both scheduled to have representatives at the meeting. OMDs interested in attending, contact Sadie Thurman at Riverside.</p> <p>Dr. Baker announced that obstetrical services will return to Sentara CarePlex Hospital within the next year or so.</p> <p>–</p> <p>Dr. Lawson announced that she will not accept another term as Chair of the PEMS Medical Direction Committee, when her term expires in September.</p>		
For the Good of the Order	<p>Important Dates”</p> <ul style="list-style-type: none"> • Dinner with a Doc – July 28, 2016, 7:00 pm at PEMS <p>Remaining 2016 MAC Meetings (All Meetings shall be held at PEMS)</p> <ul style="list-style-type: none"> • September 8, 2016, 6:30 pm (Dinner at 6:00 pm) • December 8, 2016, Following the OMD Workshop from 8:00 am to 12:00 noon and the Combined PEMS/TEMS Medical Direction Meeting at 1:00 pm (Lunch at 12:00 noon) <p>Dr. Lawson asked the Council to develop instructions for the use of OB identification bracelets hospitals are providing to EMS agencies for use when deliveries occur in the field.</p> <p>Attendance was verified.</p>	Develop Instructions for the regional use of OB identification bracelets being provided by the hospitals.	J.Bendit/R. Blymyer by September 8, 2016
Adjournment	The Meeting adjourned at 8:30 pm.		