



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
Richmond, VA 23235-4730  
804-560-3300 • FAX: 804-560-0909  
www.odemsa.vaems.org

**Medical Direction Committee**

November 05, 2015, 08:00 am to 10:00am  
Chair: Dr. Allen Yee, Regional OMD

**Members and guests present:** Allen Yee, Eric Bachrach, Jeff Ferguson, Boyd Wickizer, Randy Geldreich, Joanne Lapetina, Will Mills, Marsh Cuttino, Wayne Harbour, Brad Taylor, Chris Lindsay, Mike Ortega, Mark Harmon, Dayton Haugh, William Marsiglio

**Conference Line:** Willoughby Hundley, Patrick Oliver, Carlton Stadler, William Azie, Heidi Hooker, Amy Ashe, Mike Watkins

**ODEMSA Staff:** Rachel Dillon, Damien Coy, Heidi Hooker (on phone)

**Minutes scribed by:** Rachel Dillon

**Materials provided:** Meeting agenda, previous meeting minutes, ODEMSA committee summaries, Medical ECO documents

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>Meeting Called to Order</b>	Dr. Allen Yee called the meeting to order at 08:02am. Introductions were made, and it was determined that we had a quorum. The minutes from the August meeting were reviewed, and unanimously approved.	<b>Motion by:</b> Jeff Ferguson <b>Seconded by:</b> Eric Bachrach <b>Vote:</b> August minutes approved
<b>Reports:</b>  State Medical Control	Dr. Yee was out of town for the last state medical control meeting, but has other updates. ACEP asked the DEA to slow down the rule-making for EMS; there was not a response, but there also has not been any ruling. A proposed new ruling by EMS groups suggest modifying the Controlled Substance Act to allow standing orders where the agency is the registrant, and will allow the transport of controlled substances in vehicles.	



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
 Richmond, VA 23235-4730  
 804-560-3300 • FAX: 804-560-0909  
 www.odemsa.vaems.org

<p>ODEMSA</p> <p>PDC</p>	<p>Dr. Yee also notes that the request for presentations for the 2016 Symposium is now open.</p> <p>No agencies or hospitals present at the meeting had anything to report.</p> <p>Heidi notes that staff recently finished the RSAF grant grading process.</p> <p>Adam was not able to attend today to present on the 12-lead ECG placement project. This will take place next quarter.</p> <p>Dr. Yee notes that there has been a push for BLS 12-lead acquisition, as well as a goal of 10 minutes from patient contact to 12-lead. He notes that there is a concern about the acquisition rates in the western part of the region. It is unsure whether it is truly an acquisition issue, or a documentation issue. The group discusses, and agrees that while transmission is a good tool, it is an agency decision. ODEMSA has been doing some education in the area, and the group notes that the STEMI programs at each hospital generally keep close tabs on EMS 12-leads.</p>	
<p><b>Old Business:</b></p>	<p>Sepsis Protocol Discussion – Dr. Ferguson briefly describes the work that he and Dr. Lloyd have been doing on developing a regional sepsis protocol. They added altered mental status and low pulse ox as a sign of hypoperfusion, as well as changing the goal MAP to 65 mmHg. They also added the Levophed dosing chart and stressed the importance of the drip set.</p> <p>The group intensely discusses prehospital treatment of sepsis, including what may happen if a sepsis patient is treated over a long transport and arrives at the ED with normal vital signs and labs. They acknowledge that the ED needs to trust EMS when they announce a sepsis alert. The group unanimously votes that all hospitals will respond to a prehospital sepsis alert.</p> <p>EMS PPCRs – Dr. Yee notes that EMS has 12 hours to get a PPCR uploaded to the state bridge. Hospitals, however, have a limited amount of time to access the reports. Brad notes that the “hospital hub” has been activated recently. Mark notes that it is not</p>	<p>Vote: Every hospital will respond to an EMS sepsis alert          For: All          Opposed: None</p>



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
 Richmond, VA 23235-4730  
 804-560-3300 • FAX: 804-560-0909  
 www.odemsa.vaems.org

	<p>access to the full PPCR. Amy adds that ImageTrend met with PEMS area leadership to try to explain the hospital hub. Dr. Yee asks the group that any suggestions for what they want to be able to access from the state bridge be sent to Rachel, who will forward them to Heidi, to be brought up at the regional council directors' meeting.</p>	
<p><b>New Business:</b></p>	<p>Medical ECOs and TDOs – Dayton Haugh gives a presentation on how to obtain a medical ECO for EMS. He notes that only a licensed physician can contact the magistrate to get a medical ECO, and the physician must also have attempted to communicate with the patient, or have communicated with someone with the patient. If there is a substitute decision maker present, the medical ECO is not supposed to be issued. The magistrate that signs the petition is to be the magistrate of the jurisdiction where the patient is, not where the hospital is. The group discusses, and acknowledges that every hospital, every physician, and every magistrate is going to be different in their approach. There are also very specific situations where this is applicable, and EMS must document these situations very carefully.</p> <p>The group agrees that there is some education that needs to be done for both EMS and ED physicians on medical ECOs. The group unanimously votes to come up with education and a template for EMS on medical ECOs.</p> <p>Metoprolol – Rachel notes that there may be a metoprolol shortage pending, and the pharmacy committee was not sure about the current secondary and tertiary alternatives (atenolol and propranolol). The group discusses briefly, and unanimously votes that if metoprolol cannot be supplied in the drug kits, no alternative will be supplied.</p> <p>Selective Spinal Immobilization Protocol Discussion – Dr. Yee notes that several agencies have a selective spinal immobilization protocol in place, and asks the group if they want to work towards a regional protocol. The group agrees to review literature on different studies and groups on backboarding for next quarter, as well as to evaluate any agency-specific protocols.</p>	<p>Vote: Develop education and a template for EMS on medical ECOs          For: All          Opposed: None</p> <p>Vote: Metoprolol will have no alternatives – either metoprolol, or nothing          For: All          Opposed: None</p>



**OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.**

1421 Johnston-Willis Drive  
Richmond, VA 23235-4730  
804-560-3300 • FAX: 804-560-0909  
[www.odemsa.vaems.org](http://www.odemsa.vaems.org)

	<p>OMD representation on other committees – Dr. Yee notes that the PI and Stroke Committees needed additional physician representatives. Dr. Geldreich and Dr. Mills volunteer for PI, and Dr. Lapetina volunteers for stroke.</p> <p>Any physicians that are attending NAEMSP are welcome to join a Virginia group dinner, and Dr. Mills will choose the restaurant.</p> <p>There is no further business from the floor.</p>	
<b>Next Meeting</b>	February 2016 (date TBD) at 08:00am	
<b>Adjourn</b>	The meeting was adjourned at 09:38am.	