



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

August 13, 2015, 08:00 am to 10:00am
 Chair: Dr. Allen Yee, Regional OMD

Members and guests present: Allen Yee, Eric Bachrach, Jeff Ferguson, Joseph Ornato, Boyd Wickizer, Scott Hickey, Marsh Cuttino, Dusty Anderson, Josh Loyd, Wayne Harbour, Mike Watkins, Al Thompson, Valeta Daniels, Brad Taylor, Chris Lindsay

Conference Line: Will Mills, Carlton Stadler, William Azie, Jessica Goodman

ODEMSA Staff: Rachel Dillon, Heidi Hooker, Adam Alford

Minutes scribed by: Rachel Dillon

Materials provided: Meeting agenda, previous meeting minutes, ODEMSA committee summaries

| Topic/Subject | Discussion | Recommendations, Action/Follow-up; Responsible Person |
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| Meeting Called to Order | Dr. Allen Yee called the meeting to order at 08:04am. Introductions were made, and it was determined that we had a quorum. The minutes from the May meeting were reviewed, and unanimously approved. Dr. Yee lets everyone know that medical ECOs and TDOs will not be discussed at this meeting due to a scheduling mix-up, but it will be discussed at the November meeting. | Motion by: Eric Bachrach Seconded by: Marsh Cuttino Vote: May meetings approved |
| Reports: State Medical Control | Dr. Yee – There have been several pieces of legislation passed that allow Narcan to be administered by several groups of people other than EMS providers and hospital employees. Make sure your agencies are aware that citizen-assisted Narcan is out there and growing. There is a Mobile Integrated Healthcare Workgroup at the state level and it meets every third Thursday through a teleconference with OEMS. EMT-I may no longer be offered by National Registry in 2018. The state training | |



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| <p>HCA</p> <p>RAA</p> <p>Gerda</p> <p>ODEMSA</p> | <p>committee has put together a workgroup to figure out how to handle that. Hybrid programs are now allowed, so please realize that those programs are out there as a course director. Also, when signing a course approval, please check in your portal and check the instructor's pass rate.</p> <p>There were minimal other hospital and agency reports; the following were the only reports made:</p> <p>Valeta Daniels – Henrico Doctors' has received its sepsis-specific certification, and teleneuro is now available at all campuses.</p> <p>Wayne Harbour – We're getting ready for the UCI Bike Races next month. Starting August 27, there will be pararescue men from Mexico riding with us through October.</p> <p>Boyd Wickizer – There has been a push to build up their EMT-certified employees.</p> <p>Heidi Hooker – We held our annual EMS awards picnic a few weeks ago at the Metro Richmond Zoo and it was well-received. Thank you to Bon Secours, HCA, and VCU for your donations.</p> | |
| <p>Old Business:</p> | <p>2015 Protocol Roll Out – Dr. Yee reminds the group of some of the main changes made to the protocols that were approved at the May meeting. The roll out for the boxes has been pushed back to October 1st; Rachel lets everyone know that there will be an alert notice on the box indicating that it has been changed out with the 2015 medications. The training will be sent out soon. Heidi adds that there was a required change sent back by the state that the old protocol names need to come off, and leave the state names. Jessica requests that a Levophed cheat sheet be sent out as soon as possible. Mike asks if BLS 12-lead acquisition has been incorporated into the protocols; Rachel and Dr. Yee confirmed that it's definitely in some of them, but Rachel will check through the others.</p> <p>Dr. Yee then summarizes an issue in the South Central Sub-Council, where agencies that transport to Centra Lynchburg General and Centra Southside Community are being</p> | |



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| | <p>asked to transmit 12-leads. Neighboring councils have started requiring transmission. Dr. Yee asks the group if ODEMSA should mandate transmission. The group discusses, and acknowledges that it can be cost-prohibitive and poor cell signals can make it difficult. The group also acknowledges that time should not be wasted trying to transmit if there is a technology failure, and that the monitor interpretations are nearly always accurate. They conclude that it is reasonable to strongly encourage transmission if it is available within the agency.</p> | |
| <p>New Business:</p> | <p>Freestanding EDs for STEMI and Stroke Patients – Dr. Yee introduces this topic in that there have been several questions from providers asking what ODEMSA’s freestanding EDs can handle. Dr. Cuttino says that the HCA freestanding EDs have CT scanners, tPA, and teleneuro, so they can handle strokes. Al confirms this for Bon Secours. The group actively discusses this topic, and agrees that freestanding EDs can handle strokes similarly to a small community hospital by the “drip and ship” method; definitive care may be preferable when possible within the time perimeters. The suggestion is made to look at how many “drip and ship” patients there are in the region, whether transferred from a freestanding ED or another facility, and see if there have been any negative outcomes. Rachel will check with the stroke coordinators for this.</p> <p>Mike asks about wake-up strokes; the group discusses briefly, and acknowledges that the time frame varies depending on the patient.</p> <p>Dr. Yee also brings up the post-tPA form developed by the Stroke Committee. Valeta notes that the sheet was used for a transfer drill and it was well-received. Rachel says that the form will hopefully be discussed with the transfer agencies next month at the Stroke Committee meeting.</p> <p>The group agrees that STEMIs would be best served going directly to a PCI center when possible.</p> <p>Pulmonary emboli – Dr. Ornato describes his experiences during his recent PE to a rapt audience.</p> | |



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| | <p>Dr. Yee then suggests everyone think about whether the ODEMSA protocols should guide the destination determination of the arrest or near-arrest PE patient in preparation for a discussion next quarter.</p> <p>Sepsis – Dr. Yee notes that we don’t have a clear link between the protocols and sepsis alerts. Heidi mentions that BREMS has a sepsis protocol. Dr. Ferguson and Dr. Yee agree to work together to try to develop a sepsis protocol for ODEMSA, and will bring it to the next meeting.</p> <p>Flu shots – Dr. Yee reminds everyone that the rule is that government agencies have to offer flu shots, but employees have the right to decline it. Agencies can be immunizers, but you have to sign up for it.</p> <p>Bylaws – Rachel explains that the most recent committee policies and procedures for this committee are from 2008. She will send out an updated copy that aligns more closely with the generic bylaws being developed for the other committees with today’s meeting minutes, and hopefully the group can approve them next quarter. She emphasizes that no voting rights will change.</p> <p>Business from the floor – Mike Watkins thanks Dr. Yee, Dr. Anderson, and the crew from Med-Flight I for doing an RSI class for Hanover. It was a great class and well-received.</p> | |
| Next Meeting | November 05, 2015 at 08:00am | |
| Adjourn | The meeting was adjourned at 09:44am. | |