OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.
7818 E. Parham Rd. Suite 911
Richmond, VA 23294-4303
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.org

Medical Direction Committee

February 9th, 2023, 08:00 am to 10:00am
Chair: Dr. Allen Yee, Regional OMD
yeea@chesterfield.org

Members and guests present: N/A
Conference Line: Allen Yee, Michael Ferris, Dusty Anderson, F. Jerome Diskin, Al Thompson, Brian Lanham, Emily Dunbar, Greg Neiman, Lisa Baber, Travis Jenkins, Randy Geldrich, Joe Ornato, Amit Patel, Andrew Hartung, Kate Schulz, Ronnie Catron, Daisy Banta, William Azie, Ben Hester, Joanne Lapetina
ODEMSA Staff: Tarsha Robinson, Megan Middleton
Minutes scribed by: Tarsha Robinson
Materials provided: Agenda, previous meeting minutes

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	Dr. Allen Yee called the meeting to order at 08:00 am. Introductions were made, and it was determined that we did have a quorum.	**Motion:** Joanne Lapetina **Seconded by:** Dusty Anderson **Vote:** previous meeting minutes, agenda approved
Reports: State Medical Control	Advised of a discussion that was around the issue of diversion and revolved around hospitals that are making EMS agencies wait in the driveway with their patients, which include cases of critical patients and their deteriorating condition; there was also discussion around the nomenclature of physicians (EMS physician, which was	

OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.
7818 E. Parham Rd. Suite 911
Richmond, VA 23294-4303
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.org

	previously Medical Director and Physician Course Director; it was combined to make EMS Physician, but there is a conflict for those who are boarded in EMS); there is a workgroup to discuss a work-around because it's written in the Code "EMS Physician"; there was discussion on the role of advanced practice providers in EMS agencies; a workgroup is being put together to define their role as well as the nomenclature to be used CARES – all cardiac arrest data will be uploaded to CARES; hospitals uploads will be slower but everyone should be/beginning to upload(ing) the beginning of this quarter	
HOSPITALS **AGENCIES**	****There was representation from Bon Secours, HCA, and VCU, 5+ physicians, and 10+ EMS agencies, however reports were deferred for this meeting due to the multiple agenda items and guest speakers to stay within the time limit of the meeting****	
Old Business:		
Drug Box Update	No concerns with boxes; new/refurbished boxes are in the field; epinephrine carpujects are still in short supply but fairly stable	
Legislative Updates	The DEA still hasn't come out with their recommendations on the Patient Access to Medication law but the State is asking that individual agencies obtain their CSR (controlled substance registration); if the agency is going to purchase and store their own medication, they will need at least two CSR's (one for the agency medications and one for the ODEMSA drug kits); if an agency is just using the ODEMSA drug kits, then they only need one; General Assembly is in session; the bill to make EMS an essential function has been "watered down" (previously stated localities shall seek to ensure the provision of EMS) and now states "shall seek to ensure the provision of essential EMS services" but didn't state that localities have to provide EMS; Dr. Yee advised will forward the weekly newsletter from OEMS that updates any pertinent information and have Tarsha send it out to the group	

OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.
7818 E. Parham Rd. Suite 911
Richmond, VA 23294-4303
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.org

State Data	Thank you to Daisy Banta for joining us; she is an epidemiologist with OEMS and works on the pre-hospital and trauma data; the report is available but take-home points include ODEMSA being #2 in the amount of trauma calls; 42 pediatric patients in the ODEMSA region met Step 1 criteria, and 27 of them went to a pediatric trauma center and 10 went to a non-trauma hospital; there were 133 geriatric patients that met Step 1, of which 32 went to a level 1 and 66 went to a non-trauma hospital; there were 200 adult patients that met Step 1 criteria, of which 126 went to a level 1 and 40 went to a non-trauma center; there is a plan to dig deeper into the data	
New Business: Protocols Trauma Triage FSED Destination Business From the Floor	 No suggestions for protocols that were sent out for review; Dr. Ornato, under the STEMI committee workgroup, discussed the current ODEMSA ECMO protocol, and the STEMI workgroup will discuss adding double sequential external defibrillation to the protocol, and Dr. Yee requested that both STEMI and members of MDC be on the workgroup; Ryan advised of an email that was sent stating that the GCS was removed from Red Triage criteria; state workgroup created the document, recognizing that if you meet Red Criteria, you will transport to your closest Level 1 or 2 and a pediatric patient will be transported to a pediatric trauma center; if not available (i.e. time/location) transport to It was asked what the will of the group is for criteria for free standing ED destination; the committee requested a work group to come up with guidelines on EMS transports; there was also a brief discussion on the integration of the pediatric and adult protocols, and the pleasure of the group is to keep the protocols separate for now Pediatric Stroke Protocol was presented for review; there was a question on what facilities would give TPA to peds patients, and should pediatrics just be transported strictly to comprehensive stroke centers with pediatric capabilities; under bullet point 12, remove “A” and “B” and have a box/list showing which facility can accept pediatric stroke patients, and to transport to closest appropriate facility, ideally to comprehensive stroke facility with pediatric capabilities (at this point in time, just VCU); Dr. Yee also stated that research has shown that stroke screenings for LVO aren’t conclusive and	**Motion:** Joanne Lapetina **Seconded by:** Multiple **Vote:** with changes, pediatric stroke protocol approved and will be returned to the Stroke committee for their approval

OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.
7818 E. Parham Rd. Suite 911
Richmond, VA 23294-4303
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.org

Wall Times/Diversion Status	should providers just focus on BE-FAST/Cincinnati stroke scale Racemic Epineprine education had not been sent out; Megan advised couldn't find anything from her predecessor but advised had spoken to Mike Watkins and Dr. Geldrich, and recorded them speaking on it, and plans on having it finished and ready to send out next week Dr. Yee advised that wall times/diversion status are now FOIA-able and presented a White Paper from the GAB, which was passed unanimously, and will go to the Board of Health next month; the State Medical Committee has been tasked to work with VHHA to refine paper and see if there are any more possible solutions (what's an acceptable length of time for diversion/EMS wait times) Tarsha advised the Committee of an email received regarding IO placement if providers can't get IV access to administer dextrose; the protocol states to initiate an IO for altered GCS but a contraindication is hypoglycemia; it was suggested to send the protocol to the Pharmacy committee to make sure there were no issues with giving dextrose IO and Ben (Pharmacy Chair) advised would have an update by the next Medical Control committee meeting Greg Neiman and Dr. Yee advised of a study by UVA showing misplaced needle decompressions (misplaced or not even entering the thorax); recommendations were if the patient were in traumatic cardiac arrest, do a needle decompression, but otherwise defer to penetrating trauma with signs of extremis, and very little indications for decompression in blunt trauma; the State Education Committee is looking at education to disseminate across the state; for ODEMSA, it was suggested to look at the protocol to limit it to blunt/penetrating cardiac arrest, or penetrating trauma with signs of extremis; it was also advised that training and location of procedure needs to be discussed; Dr. Yee suggested the regional trauma centers get together to discuss changes to the protocol; there are also reports of ground agencies allowing finger thoracotomies; Greg Neiman advised will get with Beth Broering to present the protocol and ask for any changes at the next regional trauma center meeting	
Next Meeting	May 11th, 2023	
Adjourn	The meeting was adjourned at 10:06 am	

OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.
7818 E. Parham Rd. Suite 911
Richmond, VA 23294-4303
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.org