



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

7818 E. Parham Rd. Suite 911
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www.odemsa.vaems.org

Medical Direction Committee

May 11th, 2023, 08:00 am to 10:00am
Chair: Dr. Allen Yee, Regional OMD
yeea@chesterfield.org

Members and guests present: Allen Yee, Joanne Lapetina, Joe Ornato

Conference Line: Brian Lanham, Amy Howard, Andrew Hartung, Greg Neiman, Michael Ferris, Travis Jenkins, Taylor Flowers, Wayne Harbour, Stan Keurik, Randy Geldrich, Monty Dixon, Craig Bride, Jason Johnson, Tina Kirshenbaum, Kayla Long, Jason Johnson

ODEMSA Staff: Tarsha Robinson, Ryan Scarbrough, 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 at 08:11 am.	Motion: Joe Ornato Seconded by: Randy Geldrich Vote: previous meeting minutes, agenda approved
Reports: State Medical Control	Dr. Yee advised of the “robust” discussion that was held on Chapter 32; MDC members felt there was less than ideal transparency with some of the regulations, including the term “EMS Physician” and that the term should be used only for those physicians boarded in EMS, however, the term is in VA regulation and code means operational medical director and course medical director; the committee chose not to move forward with some changes because the Office advised it could potentially delay the next	



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<p><u>HOSPITALS</u></p> <p>HCA</p> <p>Bon Secours</p> <p>VCU</p> <p><u>AGENCIES</u></p> <p>RAA</p> <p>Hanover</p> <p>New Kent</p>	<p>phases of the regulatory process; Dr. Yee advised from a personal perspective, OEMS can restrict the amount of agencies an OMD can have; MDC wanted it struck but was declined; amended language was submitted that stated the Office can restrict the OMD if their license gets cited; conceptually there was agreement, but was not put into the regulatory process because of potential delays; and will have to go through a period of public comment; may be able to voice concerns via GAB; there were some translation issues and other minor concerns (i.e. scope of practice and formulary were “living documents” that could be changed as needed; is now part of regulations and will require any changes to go through the regulatory process, and will now take anywhere from 3-6mo for any changes); there was also discussion on the drug box; there is a coalition in VA that is headed by pharmacists that are trying to get rid of the regional drug box system, and there are reports that two major hospitals may have pulled out of the system; agencies must begin to prepare if the drug box system is shut down, including getting an agency CSR-C; OEMS has information available for agencies; still waiting for the DEA for their final interpretation of their rules/ruling</p> <p>Plans for EMS Week have been finalized</p> <p>Finalizing EMS Week plans</p> <p>CHoR has opened; trying to get some things up to speed for EMS including printing but working with IT to get things corrected; thanks to the agencies who participated in “Good Night Lights” on the opening night of CHoR; finalizing EMS week plans; New Kent will have a cook-out; meals will be given out at CMH; Tappahanock will go out to visit their agencies; Wed will pivot to CHoR</p> <p>Starting EKG transmissions to HCA hospitals; will be reaching out to other facilities to see what can be done with them; 6 new AEMT’s have graduated internal program and will be out in the field shortly</p> <p>No report</p> <p>AEMT class in progress; class finishes in august</p>	
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DLA	No report	
Henrico	No report	
Chesterfield	All 12-lead monitors are able to transmit to all ED's including some of the FSED's; developing training for providers; graduated one part of their newest recruit school and the other half will finish in another month; tele-health program is ramping up and working with the Cleveland Clinic in Cincinnati; looking at roughly 70% of enrollees will stay home when service is utilized	
Prince Edward	No report	
Cumberland	There is a new fire chief	
Powhatan	Will have new AEMT's coming into the field and currently conducting two EMT classes	
Hospital to Home	EMT class in progress; have obtained 6 new EMS units	
Tuckahoe	No report	
<u>ODEMSA</u>	There is a page on the ODEMSA website for EMS activities and will be updated as needed; will be announcing the Regional Awards soon	
Old Business:		
Drug Box Update	There have been some reports with the new drug seal breaking; office staff have tested the seal without issue, so working with agencies to figure out how the seals are breaking	Motion: Joanne Lapetina Seconded by: Randy Geldrich
Peds Stroke Protocol	The Stroke committee approved the changes recommended previously by MDC; those changes included the look of the protocol mimicking the STEMI protocol and having a box showing all peds stroke capable facilities, being aware that at this time, it will only be CHoR, but has the capability to expand; under bullet point 12, remove the additional	Vote: approve peds stroke protocol with amendments



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<p>Legislative Update</p> <p>CARES Update</p> <p>EMS System Update</p>	<p>bullet points of transporting to a stroke center; it was discussed that since those bullet points were removed, to remove bullet point 13 which states to reference “the above time frames for treatment window” regarding air or ground transport; Dr. Yee advised that when ESO looked at stroke screening scale, Cincinnati Stroke Scale remained the best tool, and that LVO screenings (ODEMSA uses VAN) weren’t as accurate and appears that it’s not being utilized correctly/as it was designed; should the additional screenings be removed and providers just use Cincinnati; will submit to Stroke Committee as an agenda item</p> <p>N/A</p> <p>Is funded; there is dedicated staff from OEMS to roll out; there would be a state coordinator to work with the regional PI coordinators to roll out, but still unsure how the program will get the hospital data</p> <p>Reviewed chest pain data from STEMI committee</p>	
<p>New Business:</p> <p>Protocols</p> <p>STEMI Workgroup Update</p> <p>FSED Workgroup Update</p>	<p>Megan discussed protocols that she has been reviewing, including “housekeeping” that she’d been doing, such as removing EMT-Enhanced to AEMT (protocol 1.1) and removing/updating terms under protocol 1.5 (i.e. removing “ALS” and changing OMD to EMS physician); it also appeared redundant to have the scope of practice and formulary in “procedures” and want to remove the table showing what skills providers can do; the medication route table remains the same; the medication table was updated to include EMR and AEMT level; prednisone for EMT was removed; it was discussed that metoprolol is in the drug box but there is no longer a protocol for it due to going to the AHA guidelines; it was decided that a protocol will be worked up and presented at the next committee meeting;</p> <p>N/A</p> <p>Thanks to Bon Secours for their work in putting together their checklist for FSED’s; Greg Neiman advised that there will be a lot of input from the health systems for</p>	<p>Motion: Joanne Lapetina Seconded by: Joe Ornato Vote: protocol 1.1, 1.5, med list and (ALS) skills changes approved</p>



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<p>ADA Requirements</p> <p>Business From the Floor</p>	<p>recommendations to make sure patients get to the appropriate facilities and the ability to get out to EMS considerations for appropriateness to particular destinations; for “violent or potentially violent” are resource intensive that FSED’s don’t have; Dr. Yee advised that the Governor signed into law that each ED has to have trained security; Greg will take back to the workgroup stroke patients who are outside of the TPA/TNK window as exclusion criteria</p> <p>DOJ sent out a letter in April advising that EMS has to abide by ADA requirements for the hearing impaired; EMS now has to have sign language 24/7 so it is no longer allowed for providers to write on paper to patients, and family interpreters can’t be used; the DOJ is hosting a webinar to explain what resources are available; OEMS has reached out to PWW to figure out options because it makes it a burden to EMS; NFPA 1582 has been deemed discriminatory (pre and post employment offer medical screening) and there are two different classes which are applicants and new hires and members; there is a new document that makes everyone equal; the standard is the same for new hires and employees; Dr. Yee advised that himself and Dr. Lapetina had a discussion about impaired employees; if an employee “wrecks a car” and tests positive for a restricted substance, the employee gets suspended for a year and there is a tract to get them back into the system; however, if the incident occurs during the employee’s off hours, OEMS has no jurisdiction (no need to know or want to know); if providers have an issue, they can go into a diversion program; EMS is not considered a healthcare profession and does not have access to the same resource; there are concerns that OEMS will lose regulatory oversight because then EMS would go under the office of health professions; Dr. Yee will bring forth the discussion to the State Medical Director</p> <p>Sentara Halifax is stopping OB services after Aug 4th; facility is working with other hospitals to transfer their patients; the office is still at the facility but will only accept GYN patients; any patients scheduled to deliver after Aug 4th will need to find another facility to deliver at</p>	
<p>Next Meeting</p>	<p>August 10th, 2023</p>	
<p>Adjourn</p>	<p>The meeting was adjourned at 09:28 am</p>	