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Medical Direction Committee

August 8th, 2024, 08:00 am to 10:00am Chair: Dr. Allen Yee, Regional OMD yeea@chesterfield.org

Members and guests present: N/A

Conference Line: Jason Lloyd, Cameron Bendall, Allen Yee, Greg Neiman, Travis Jenkins, Al Thompson, Melody Spivey, Taylor Flowers, Lisa Baber, Mike Harmon, Joanne Lapetina, Wayne Harbour, Dan Angeli, Jeff Ferguson, Mike

Godard, William Azie, Lauren Arrington, Jeff Litt, Candice

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: Jeff Ferguson Vote: Meeting minutes and agenda approved
Reports:		
State Medical Control	There was a resolution passed encouraging the State to reinstate Symposium; TCC also passed a similar resolution; there was a discussion but no agreement on a "required equipment list" because smaller agencies might need more guidance; work groups had been formed within TCC and one work group discussed that the NREMT	



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pass rate is strong but EC process is difficult and among one of the hardest in the country; Adam Harrell pled guilty to embezzlement and many things were delayed due to the judicial process; there was an audit done on VDH/OEMS and other VDH offices and that report should come out shortly (the report was withheld until the criminal investigation was completed and the GAB will hold a special session to discuss the audit); there is also a JLARC assessment and Fitch & Assoc reports that will be discussed when they are released as well; Dr. Yee encouraged the Committee to not "point fingers" and look at what the Office will look like in the future;

HOSPITALS

HCA No report

Bon Secours Groundbreaking for FSED will be held on 8/14

VCU No report

Sentara New facility being built with construction expected to be completed in 2026

AGENCIES

RAA No report

Hanover No report

Henrico No report

New Kent No report

Charles City No report

Chesterfield No report



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Powhatan	No report	
Halifax	No report	
<u>ODEMSA</u>	Working on annual update and drug box transition; it was encouraged that agencies fill out the update as soon as possible so that we can have a more accurate drug box transition	
Old Business:		
Legislative Update	There was discussion that ECO/TDO procedures should be modified; Dr. Yee advised ODEMSA area hospitals have a lot of issues/concerns regarding ECO/TDO when EMS providers call the hospital physician requesting one; there was discussion on possibly mirroring what PD does, which is PD witnesses the patient needing medical assistance, the patient is brought to the ED, and there is a paperless ECO, or if two EMS providers decide the patient needs medical assistance and gives a paperless ECO; there are still lots of discussion that needs to be had, however the [current] guidance has not changed; Bon Secours advised their health system has health management that reviews these cases, and that it might be a good idea to come up with a proposal and submit to the other hospital systems for regional support	Motion: Seconded by: Vote:
Drug Box Update/ CSR, DEA/FDA Update	The health systems met to see what could be done to support EMS; though they would like to continue the drug box system as is, however due to the constrictions of the DSCSA, the responsibility of medications will fall onto the agencies; barring changes from the FDA (with a go-live date of 11/27), the State as a whole wants to try to transition prior to 11/27; assuming VA transitions 2 weeks prior to the federal deadline, we are 90 days out and agencies must obtain a CSR and DEA	



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New Business:	2.3 no suggested changes from the link that was cent out for review, no suggested	Motion: Dan Angeli
Protocols	2-3 – no suggested changes from the link that was sent out for review; no suggested changes or discussion	Seconded by: William Azie Vote: protocol changes
	2-4 – no suggested changes from the link that was sent out for review; it was suggested that "contact medical control" be removed; remove bullet #4	approved with suggestions
	2-10 – suggested changes were from ECMO work group which had input from all health systems that was sent out with the link for review; remove "persistent" from #1	
	4-8 – suggested changes were presented to include a rewrite of the overview; bold "do not allow your escape route blocked"; put all screening/evidence together in protocol table instead of it being broken up; sex trafficking portion of protocol will be broken up and made its own protocol; add a "one liner" for ages for SAFE programs; Bon Secours advised SANE nurses will travel to all of their facilities including FSED's; HCA does not have SANE abilities and transfers those to other facilities	
	7-4 – there was a question regarding the protocol and it was noted that AEMT's couldn't give atropine; #11 remove that EMR's can give albuterol and it was voted that AEMT's can give atropine	
Business From the Floor	Tarsha presented NEMSQA data Asthma – there appears to be documentation concerns (i.e. meds given PTA) Hypoglycemia – if the patient is treated with food, there is no way to document other than narrative Weight – there appears to be documentation concerns Respiratory Assessment – there is a clinical concern with pediatric patients if they are not receiving a respiratory assessment; is this a clinical issue (not receiving an assessment) or documentation issue; Megan will work on education with TEC Lights and Sirens – break out TO SCENE and FROM SCENE use	
Next Meeting	November 21st, 2024	
Adjourn	The meeting was adjourned at 09:30 am	