Rappahannock EMS Council
Medical Direction Committee Meeting
August 17, 2011

Present: Dr. Nael Hasan, Regional Medical Director; Dr. Jordan Crovatin, Culpeper County OMD

The meeting was called to order at 6:30p.m. at the REMS Council Training Center.

Old Business: REMS Hospital Diversion and Regional Stroke triage plans finalized and approved by REMS board

New Business:

1) QI programs: A number of agencies have minimal QI, and only 10% of calls are required for review by the REMS QI Committee. We, as the MDC, can mandate 100% of calls get reviewed; or individual OMD's can decide how much QI they want. Remember, providers are operating under your license. My personal feeling is all run sheets (especially higher acuity patients) should be reviewed by an EMS supervisor daily. The REMS QI Committee is also moving to utilizing more evidence-based indicators.

2) Protocol revisions: We hope to move to more streamlined protocols--- a provider with NREMT certification is assumed to have basic skills that do not need to be spelled out on every protocol. Notable changes include uninterrupted CPR in cardiac arrest; prohibition of intubation in medical cardiac arrest, titration of oxygen to keep sats 90-92% in COPD exacerbations; CPAP for COPD; amiodarone for "stable" vtach with a pulse (NOT for cardiac arrest).

3) Standardized trauma call-in format: Mainly applies to trauma centers (i.e., MWH); often times call-ins provide excess/unimportant info while leaving out key objective data needed for trauma team activation. Dr. Hasan will work with Dr. Roberts to create the format; individual OMD's can then mandate its use—ideally a unanimous vote from the MDC would be better so it can be REMS regional policy.

4) Needlestick policy on DOA patients: Dr. Crovatin brought a concern for a blood exposure from a trauma patient who was dead on scene, therefore was "hands-off" until ME autopsy. Drawing blood from a dead patient in the field then showing up at the hospital requesting screening labs just won't work. Dr. Hasan will contact director of lab/pathology at MWH to see if tests such as hepatitis/HIV etc. can be drawn in a delayed fashion by the ME (up to several days after death); or if lab test sensitivity is diminished by delayed blood draws. Will report back to committee.

5) Governor's EMS Advisory Board: Wayne Perry informed us that the new standard will be NREMT in Virginia—providers must pass in order to receive their Virginia card; in addition, providers are NO LONGER required to have OMD sign-off to recert as long as they keep up-to-date with OEMS; of course OMD approval is still required for a provider to be released for hands-on patient care.

** original copies of DNR forms are no longer required to not initiate/cease care---adequate substitutes include a copy of the DNR, verbal MD order, or written MD order

Dr. Hasan has requested that the MDC begin utilizing email votes, as attendance at the actual meeting is usually poor. Any feedback is welcome.

Meeting adjourned at 7:00p.m.

Respectfully submitted,
Nael Hasan, MD

Rappahannock EMS Council
Medical Direction Committee Meeting
October 19, 2011

Present: Dr. Nael Hasan, Regional Medical Director, Dr. Jordan Crovatin, Culpeper OMD

The Medical Direction Committee meeting was called to order by Dr. Hasan at 6:30pm at Culpeper Hospital, just prior to the REMS Board meeting.

Old Business:

1) QI Programs: This was discussed at the state MDC meeting, and there should be no concerns about HIPAA/privacy regarding review of medical records by EMS for QI, education, etc--pertinent Virginia Code below:

§ 32.1-116.1:1. Disclosure of medical records.
Any licensed physician, licensed health care provider, or licensed health care facility may disclose to an emergency medical technician, physician, or their licensed parent agency the medical records of a sick or injured person to whom such technician or physician is providing or has rendered emergency medical care for the purpose of promoting the medical education of the specific person who provided such care or for quality improvement initiatives of their agency or of the EMS system as a whole. Any emergency medical technician or physician to whom such confidential records are disclosed shall not further disclose such information to any persons not entitled to receive that information in accordance with the provisions of this section

2) Protocol revisions: Pertinent protocol revisions were emailed out. No feedback was received regarding the changes as outlined in last month's agenda.

3) Trauma standard call-in format: Still a work in progress--working with Dr. Roberts as well; a rough template was attached to last month's agenda and is also below; once final input from Trauma Services is received the format will be sent out, and individual OMD's will be encouraged to mandate usage for all trauma patients sent to MWH. The report should be pertinent, and less than one minute with the following information:

History/MOI (brief)
- Patient complaint
- Vital Signs and GCS

Physical exam:
- Head/neck
- Chest
- Abdomen
- Pelvis
- Long bones

Interventions/medications/ COUMADIN usage?
ETA (or reporting which intersection they are crossing)

New Business:

State MDC meeting update:

--Attached are 2 "white papers" with objective review of pertinent EMS subjects, which are formulated by the MDC meeting at the request of the Governor's Advisory Board. These two regard prehospital selective spinal immobilization, as well as field termination of resuscitation in non-traumatic cardiac arrest. These are not mandates, just guidance, and can be used/tweaked/implemented/ignored at the pleasure of the OMD

Rappahannock EMS Council
Medical Direction Committee Meeting
April 18, 2012

Attendance: Dr. Nael Hasan, Chairman

The Medical Direction Committee meeting was held Wednesday April 18, 6:30pm, at the Rappahannock EMS office in Fredericksburg.

Old Business:

1) Protocol revision/streamlining; online video update/ Q&A session for providers
2) Region-wide standard call-in format for trauma patients (less than one minute radio time)

History/MOI (brief--include coumadin status)
Vital signs/GCS (to calculate Revised Trauma Score)
Head/neck
Chest
Abdomen
Pelvis
Bony injuries
IV's/meds/procedures

New Business:

1) Choice of hospital destination for transported patients (recent Fredericksburg/SRMC press)
2) State MDC meeting update
--Guidelines for non-transport of patients from Motor Vehicle Collisions (White Paper)
--Physician Guide to appropriate Helicopter EMS use for interfacility transports (will be included with prehospital HEMS white paper)

Rappahannock EMS Council
Medical Direction Committee Meeting
June 19, 2012

Meeting held via e-mail as Dr. Hasan was unable to attend the council's Board Meeting.

Old Business:

--Protocol updates: there has been some confusion and concerns expressed about some of the protocol updates, and I'm pretty sure they are simply problems with wording, that may lead to incorrect dosing on some meds. I will meet with Wayne and make sure it's all clear.

New Business:

--Medication shortages: As you may have read in the REMS bulletin, the nationwide medication shortages have affected EMS as well, and I've been working with Wayne to find suitable changes/alternatives. Please let me know if you are having difficulty locally with any of your meds.

--Cadaver Lab: We will be in Baltimore again this week with the REMS Paramedic students for a day of hands-on dissection and procedures with human cadavers. We try to open this event up to any interested providers (there is an associated fee), and of course any OMD who would like to attend future labs and learn/re-learn/teach is welcome.

Dr. Hasan requested replies to his email dated June 19th with any issues / group discussion / future agenda items, etc.

Next regularly scheduled Medical Direction Committee meeting will be August 15, 2012, at the REMS Council Training Center.