



**Regional Medical Direction Committee
October 26, 2015
Rappahannock EMS Council—Administrative Conference Room**

Members Present

Dr. Tania White, Chair

Staff Support

Wayne Perry, Executive Director

Excused

Guest

Call to Order

Meeting was called to order at 1750 by Dr. White, committee chair.

Approval of Minutes

July 20, 2015 meeting minutes approved with no corrections.

New Business

1. OEMS and Legislative Updates: no new updates since the BOD meeting
2. State Medical Direction Committee Updates: no new updates since the report at the BOD meeting
3. Guidelines and Training Committee Update:
 - a. Regional Patient Care Protocol 2015 updates
 - i. See attached document for summary of changes
 - ii. A few small typos and date errors were also found and will be changed
 - iii. Recommended the protocols be forwarded to the Guidelines and Training Committee for their review.
4. Pharmacy Committee update
 - b. Medication shortages
 - i. The only new addition is Dextrose 25% and a workaround has already been issued.
 - ii. Vasopressin remains on the shortage list, but it is also being removed from the formulary
5. Heart and Stroke Committee update
 - c. HeartSafe project
 - i. No new applications have been received
6. Trauma Committee
 - d. Trauma Triage Plan
 - i. No new items have been put forward
7. Quality Improvement Committee
 - e. Recent quarterly data
 - i. The current quarter is due this month, data is not available yet

- f. Upcoming indicators
 - i. The upcoming QI indicators are posted on the website

Old Business

- 1) 2014-15 Committee Charter: tabled for next meeting.

Adjournment

Meeting adjourned at 1825.

Next Meeting

The next meeting will be held at the Rappahannock EMS Council on January 25, 2016 at 1700.

**Proposed Changes for the 2015 protocol update – Medical Direction Committee Review
10/26/15**

Admin Section – approved by Medical Direction Committee 10/26/2015

- 1) Updated the BOD, committee, and other relevant items (dates, page numbers, etc)
- 2) 3.15.2 – updated provider levels to current terminology (EMR, EMT, etc)
- 3) 3.18.3 -- Added SRMC as a SANE facility
- 4) 3.21 – new section “Sepsis PEARLS”

**Medical Section – approved by Medical Direction Committee with changes noted
10/26/2015**

All of the protocols are REQUIRED to comply with the new data dictionary for VPHIB v3. We were mandated by OEMS to update the names of protocols. Those protocols with only an update to the name are indicated below with an asterisk.

All of the protocols were updated to amend the initial treatment from SaO₂ > 90% to SpO₂ of 94-99%. All of the protocols added EMR to the first responder provider and changed EMT-B to EMT.

- 5) Allergic Reaction – now “Medical-Allergic Reaction/Anaphylaxis”
 - a. Added STAT kit use of Epi-pen for EMT level (#2)
 - b. Relocated dystonic reactions tx from Altered States of Comfort (#3)
- 6) Altered Mental Status – now “Medical-Altered Mental Status” *
 - a. Received e-mail recommendation to add IN Narcan for EMT level
 - b. MDC accepted, but wants to change to 0.4 mg Narcan
- 7) Altered States of Comfort broken into separate protocols due to naming requirements
 - a. Morphine removed due to formulary changes
 - b. Dystonic Reactions now in allergic reactions
 - c. Nausea and Vomiting now in new nausea vomiting protocol
 - d. Pain Management, Anxiety, and Sedation now in new pain control protocol
 - e. Chemical extrication and crush management now in injury-multisystem
 - f. Notes 1 and 4 were moved to behavioral
 - g. Notes 2 and 3 were eliminated
- 8) Cardiac Arrest/ACLS/PALS is now “Cardiac Arrest – Unknown Rhythm”
 - a. Updated rate of compressions to new 2015 AHA guidelines (100-120) and new depth of compressions (2-2.4 inches)
 - b. Removed therapeutic hypothermia
- 9) Cardiac Chest Pain is now “Medical-Chest Pain –Cardiac Suspected”
 - a. Added STAT kit NTG and ASA elements to EMT section
 - b. Received an e-mail suggestion to add NTG to the dosing line
 - c. MDC approved this change
- 10) Eclampsia is now “OB/GYN-Eclampsia” *
- 11) Hypotension is now “Medical-Hypotension/Shock Non-Trauma” *
 - a. Received an e-mail suggestion to add ODT Zofran at the EMT level
 - b. MDC approved this change, correct protocol?

- 12) Overdose/Poisoning/Toxic Ingestion now “Medical-Overdose/Poisoning/Toxic Ingestions”
 - a. *MDC change – 0.4 mg Narcan, up to 2mg, repeat q 2min**
- 13) Respiratory Distress is now “Medical-Respiratory Distress/Asthma/COPD/Croup/Reactive Airway”
 - a. Added #4 and #5 to EMT section from the patient assisted medication (STAT kit)
- 14) Seizures is now “Medical-Seizure”
 - a. Removed Ativan and Valium per changes to the formulary
- 15) General – Pain Control (new protocol)
- 16) General – Nausea Vomiting (new protocol)
- 17) General – Behavioral / Patient Restraint (new protocol)**
 - a. *MDC change – reduce from 4mg to 2mg/kg IM Ketamine, repeat x1 q10 minutes*
 - b. *MDC change – reduce from 2mg to 1mg/kg IV Ketamine, repeat x1 q 5 minutes*
- 18) General – Indwelling Medical Device/Equipment (new protocol)
 - a. *Received an e-mail suggestion to remove 6)g) or move it to 4)*
 - b. *MDC did not recommend this change, leave it as it*
- 19) Patient Assisted Medication – DELETED
 - a. ASA and NTG moved to Chest Pain
 - b. Epi-pen moved to Allergic Reaction
 - c. MDI moved to Respiratory Distress

Trauma Section – approved by Medical Direction Committee with changes noted 10/26/2015

- 20) Burns is now “Injury-Burns” *
 - a. *MDC change – based on e-mail recommendation add the ABA criteria to the reference section*
- 21) Traumatic Brain Injury is now “Injury – Head (Traumatic Brain Injury)”
- 22) Injury-Bleeding/Hemorrhage Control (new protocol)
- 23) Injury –Multisystem (new protocol)

Clinical Procedures – approved by Medical Direction Committee 10/26/2015

- 24) Scope of Practice and Authorized Medication Table updated to include the updates
 - a. Added EJ for AEMT/EMT-E and EMT-I
 - b. Added IM and IN for EMT as conditional
 - c. Removed Valium, Ativan, Vasopressin, and Morphine
- 25) Airway Management is now “Airway-Sedation Assisted (Non-paralytic)” *
- 26) Airway—Rapid Sequence Induction (RSI-Paralytic) is new
- 27) IV and IO access
 - a. Added information about provider access of central lines
- 28) Clinical Procedures – Therapeutic Hypothermia – DELETED

Reference Section – approved by Medical Direction Committee 10/26/2015

Changed the standard medication infusions worksheet to standardize the ratio

Added a Sepsis decision flowchart

MDC change - add the ABA criteria to the reference pages

Medication Reference – approved by the Medical Direction Committee 10/26/2015

Remove Morphine pages

Remove Valium pages

Remove Ativan pages

Remove Vasopressin pages



**Regional Medical Direction Committee
March 25, 2016
Rappahannock EMS Council—Administrative Conference Room**

Members Present

Dr. Tania White, Chair
Dr. Ryan Fines, OMD
Dr. Doug Johnson, OMD

Staff Support

Wayne Perry, Executive Director

Excused

Guest

Call to Order

Meeting was called to order at 1700 by Dr. White, committee chair.

Approval of Minutes

October 26, 2015 meeting minutes approved with no corrections.

New Business

1. OEMS and Legislative Updates: National Registry recertification requirements are changing; the most important thing to understand is that state and national recertification requirements differ, and completing your state recertification may not fulfill the requirements for National Registry.
2. State Medical Direction Committee Updates: no new updates since the report at the BOD meeting
3. Guidelines and Training Committee Update:
 - a. Regional Patient Care Protocol 2015 updates
 - i. The updates were approved at the last Board meeting. Train-the-Trainers are currently being scheduled: the Council will train the trainers, then they will go back and train agency members. There is a video to watch, skills test, and a written test to take. They are on schedule for May 1 rollout.
 - ii. Some last minute changes were suggested at the last Protocol Subcommittee meeting that should not require board approval, but wanted to clear with MDC before performing revisions: add table of contents; Overdose/Poisoning—add IV/IM/IN/IO for Narcan; Cardiac Arrest—add mEq for Bicarb dosing; Vent/CPAP—delete reference to old protocol; Head Injury—delete reference to old protocol; Medication Table—Vecuronium listed twice; Chance LVAD to VAD; change Fentanyl dose mg to mcg in one place; change numbering to fix/delete duplicate lines. These changes were approved by the medical direction committee.

- iii. RSI Checklist: committee working on a checklist to bring to MDC for approval. Already in the protocols, just working on checklist.
- 4. Pharmacy Committee update
 - a. Medication shortages: no new shortages.
 - b. Recall on sodium bicarb which was announced by the Council.
 - c. Regional Med Boxes: as of 3/1, the pharmacies will remove Vasopressin from the med boxes and add TXA and a 250cc bag of D10. These items are being added as boxes are exchanged. On May 1, Morphine, Ativan, and Valium will be removed from the med boxes and Fentanyl and Ketamine will be added. Committee also discussed putting the paralytics and Etomidate into the narcotics bag. Medical Direction is in favor of having the Etomidate and paralytics in the Narcotics Kit.
- 5. Heart and Stroke Committee update
 - a. HeartSafe project
 - i. No new applications have been received; committee still promoting.
- 6. Trauma Committee
 - a. Trauma Triage Plan
 - i. No new items have been put forward; results from the ACS survey will most likely cause changes in our plan as they are made at the state level.
- 7. Performance Improvement Committee
 - a. Recent quarterly data
 - i. Review of reports from PI committee—available on the website.
 - b. Upcoming indicators
 - i. The upcoming QI indicators are posted on the website
- 8. Integrated Healthcare Initiative
 - a. REMS was awarded a Rural Healthcare Grant from the Virginia Department of Health, Office of Minority Health and Health Equity. We plan to focus the efforts on Caroline County.
 - b. Program would be administered by the council; could include transportation or follow-up with patients, suture removal, discharge follow-ups, etc. The grant included funds for the Council to hire train and hire staff, Wayne will be participating in the initial implementation of the program.
 - c. Program set to begin in July; Dr. Johnson and Wayne will confer regarding implementation. Wayne is also scheduled to meet with REMS board members from Caroline about this program.

Old Business

- 1) 2014-15 Committee Charter: tabled for next meeting.

Adjournment

Meeting adjourned at 1800.

Next Meeting

The next meeting will be held at the Rappahannock EMS Council on May 26, 2016 at 1700.



**Regional Medical Direction Committee
May 26, 2016
Rappahannock EMS Council—Classroom A**

Members Present

Dr. Tania White, Chair

Staff Support

Wayne Perry, Executive Director

Excused

Guest

Call to Order

Meeting was called to order at 1700 by Dr. White, committee chair.

Approval of Minutes

March 25, 2016 meeting minutes approved with no corrections.

New Business

1. OEMS and Legislative Updates: National Registry and OEMS recertification requirements are changing; will be switching to NCCR/LCCR/ICCR system in July. Already switched AEMT providers to Enhanced in April. In August, National Registry will begin requiring students who wish to sit for the exam to have a portfolio demonstrating competency and completion of a course. In January, NR will also change to call-based scenario testing.
2. State Medical Direction Committee Updates: no new updates since the report at the BOD meeting
3. Guidelines and Training Committee Update:
 - i. REMS will be coordinating a Cadaver Lab for advanced skills practice and anatomy and physiology in June. A group from Orange County and a group from Fauquier County. If there is demand for this, REMS could coordinate on a quarterly basis.
 - ii. Update on protocol changes: there have been some med errors with fentanyl; two of the hospitals have different packaging for the drug and providers have not been doing appropriate med math.
4. Pharmacy Committee update
 - a. Medication shortages: no new shortages.
 - b. Regional Med Boxes: Vasopressin, Ativan, valium, and morphine have been removed from the med boxes and TXA, ketamine, and fentanyl have been added. Committee also discussed putting the paralytics and Etomidate into the narcotics bag. Etomidate and paralytics were moved into the Narcotics Kit on May 15.

5. Heart and Stroke Committee update
 - a. HeartSafe project
 - i. The City of Fredericksburg is working towards Heart Safe status, depending on whether or not this requires an annual renewal.
6. Trauma Committee
 - a. Pre-hospital Trauma Task Force for ACS Survey Results:
 - i. Main consideration is a consistent, statewide set of protocols. Committee has devised a skeleton list of minimums and topics that must be addressed within the protocols.
 - ii. Also looking at state trauma triage plan: main issue with using CDC trauma triage schematic is the emphasis on level I and II trauma centers. Discussion to continue in future meetings.
 - iii. Critical Care Transport: committee is meant to come up with definitions and available resources for critical care transports. There is no set definition for critical care nor is there a certification level.
7. Performance Improvement Committee
 - a. Recent quarterly data
 - i. Review of reports from PI committee—available on the website.
 - b. Upcoming indicators
 - i. The upcoming QI indicators are posted on the website

Old Business

- 1) Integrated Healthcare Initiative
 - a. Wayne has met with Mary Washington Healthcare who are very much in favor of the program; they are pulling statistics regarding patients from Caroline at high risk for readmission (COPD and CHF patients, etc.)
 - b. Wayne also met with individuals from HCA SRMC and they are also in favor of the program, will pull data regarding high risk for readmission patients as well as psychiatric and substance abuse patients.
 - c. Wayne also met with people from Caroline Fire and Rescue and the Caroline Department of Social Services and they are also in favor; he is working on meeting with Rappahannock Area Health District leadership.
 - d. Wayne will most likely be working with patients. July 1 is the tentative start date.

Adjournment

Meeting adjourned at 1800.

Next Meeting

The next meeting will be held at the Rappahannock EMS Council on August 19 at 1600.