Regional Medical Direction Committee
August 30, 2016
Rappahannock EMS Council—Classroom A

Members Present	**Staff Support**	**Excused**	**Guest**
Dr. Tania White, Chair	Wayne Perry, Executive Director		

Call to Order

Meeting was called to order at 1030 by Dr. White, committee chair.

Approval of Minutes

May 26, 2016 meeting minutes approved with no corrections.

New Business

1. National Updates: FICEMS/NEMSAC meet the first week of September. The DEA legislation regarding standing orders was introduced, but because it is an election year, it is unlikely to go anywhere. The committee also discussed the current opioid epidemic: this is creating something new, a "medical MCI"; the Midwest has seen heroin cut with Carfentanil (100 x stronger than fentanyl).
2. OEMS and Legislative Updates: There is currently a proposal to add EMS to obligatory reporters for hate crimes; the POST addition to the DDNR is on the Governor's desk for signature. There is also a proposal to change EMSTF process to regional and competitive bid. The state EMS Plan is being revised, committee members are asked to provide Wayne with input if they have suggestions.
3. Provider Health and Safety Committee: Hot/Warm Zone EMS Operations—discussion regarding EMS ops into hot zone, discussion regarding how that would change training; the committee is working on developing RSAF Criteria for protective equipment. Provider mental health has been a big discussion point. The committee has also discussed creating regional plan or guidelines for threat assessment; the Council has been asked to play a role in encouraging agencies to perform a threat assessment.
4. State Medical Direction Committee Updates: the updates to TR-17 were approved by the Governor's Advisory Board.
5. Trauma System Oversight Pre-Hospital Taskforce: Currently working on an outline to send back to TSO&M – the group has created a mission and vision statement. The committee is also working on a draft of specific recommendations on how to address the issues found by the ACS survey. Recommendations include:
    a. Strengthening the language regarding transport of children, specifically regarding immobilization devices.
    b. Developing statewide destination guidelines – stating that patients should preferably be transported to the "closest, most appropriate facility, preferably a trauma center" –the CDC guidelines do not recognize level 3 trauma centers, so the language used in their guidelines is limiting.
    c. They would also like to add more considerations for geriatric patients and special populations.
    d. The committee is also working on a statewide minimum trauma protocol content; rather than requiring separate protocols for each item to be included, the criteria will be that the protocols address those areas, whether they are combined or separate. Some sections of the REMS protocols will need to be adapted to meet this requirement.

6. ACTION ITEMS: Updates to the regional patient care protocols per protocol sub-committee and the recommended minimum protocol content described above.
    a. Pain Control Protocol – the committee recommended the addition of language regarding the use of a pain scale to assist with determination of a patient's actual pain level and to observe the trending of a patient's pain during treatment.
    b. Head Injury Protocol – management of hypoxia and hypotension. The committee recommended adding a note to the protocol recommending the use of GCS to monitor and trend, and that pressors (Dopamine as first choice) should be added to maintain MAP of 60 mmHg.
    c. Burns – no changes to current language.
    d. Extremity Trauma (management of open/closed injuries, crush) –the committee recommended the addition of language to Multisystem Injury Protocol notes stating that if patient has an open extremity injury, specific care should be taken to prevent further contamination during transport. The committee also suggested including language in this protocol defining crush injuries (anything with significant force with weight or entrapment for greater than fifteen minutes) and the signs of crush injury (pain outside normal bounds, redness, swelling, decreased pulses, etc.)
    e. Thoracic Trauma (management of tension PTX, crush) – no changes
    f. Abdominal/Pelvis Trauma – the committee recommended the addition of management of stable/unstable pelvic fracture to Multisystem Injury Protocol notes; to include language regarding obvious pain or deformity as indicative of an unstable fracture, and treatment to include stabilization and compression.
    g. No changes to the Injury—Bleeding control protocol
    h. Traumatic Cardiac Arrest – committee recommended creating a new protocol for Traumatic Cardiac Arrest in order to allow for different instructions regarding penetrating or blunt injury. For penetrating trauma, providers should continue resuscitative efforts, consider administration of TXA and pericardiocentesis; for blunt trauma, resuscitative efforts should be ceased after 5-10 minutes.
    i. No changes to the Spinal Cord Injury
    j. Abuse (child and elder abuse, sexual assault, and reporting procedures): the committee recommended the change of the Administrative section 3.18 to "Assault and Abuse" and the addition of language regarding elder and other forms of abuse.
7. REMS Updates:
    a. Integrated Healthcare Initiative – three patients currently being served; one client has been out of the hospital almost one month which has been the goal and what SRMC indicated would be considered a positive outcome.
    b. Partnering with TJEMS/UVA on a stress first aid project to begin in the fall of 2017. The model basically says you can hurt your brain the same way you can hurt your body; those injuries need to be addressed just like a broken arm.
8. Guidelines and Training Committee Update:
    a. There have been a couple additional fentanyl errors; the committee is still working to make sure agencies are addressing this issue.
    b. REMS will be offering some CEU dinners in the fall.
    c. ACTION ITEMS: Protocol subcommittee recommends the following changes to the protocols:
        i. Addition of IN route of administration for Fentanyl – approved for General-Pain Control, Injury-Multisystem, and Injury-Burn
        ii. Addition of criteria of traumatic cardiac arrest for the administration of TXA – approved for inclusion in the new Traumatic Cardiac Arrest protocol.
        iii. Addition of Zofran 4mg ODT as an EMT-level skill standing order in the Medical-Nausea/Vomiting and Medical-Hypotension/Shock Non-Trauma (to treat existing or prophylactically prevent) approved
        iv. Approved adding Toradol (Ketorolac) 30mg/1ml to the formulary and then in the General–Pain Control protocol for AEMT and above to give IV/IM; language must be included regarding contraindications (history of renal failure, dehydration)

v. Approved adding 10% Dextrose bags to the formulary and in the Medical-Altered Mental Status, Medical–Seizure to use in place of Dextrose 50%
   1. For BGL <60 mg/dl, or with clinical signs and symptoms of hypoglycemia
   2. Adult: administer 100 cc bolus IV/IO, repeat once in 2 minutes if AMS persists
   3. Pediatric: administer 5cc/kg bolus IV/IO up to 100cc maximum
   4. Neonatal/Newborn: administer 2 cc/kg bolus IV/IO
   5. If D10 bag is unavailable, administer 0.5cc/kg D50 (max 25 grams) for adults; 1 cc/kg D25 for pediatrics; 1cc/kg D10 for neonates
   6. Include in notes: Procedures for mixing alternative/replacement if unavailable: Dextrose 25%- In 50ml syringe, mix 25ml of Dextrose 50% with 25 ml of Normal Saline- mixture will yield 50ml of Dextrose 25%. Dextrose 10%- In 50ml syringe, mix 10ml of Dextrose 50% with 40 ml or Normal Saline. Mixture will yield 50ml of Dextrose 10%.

9. Pharmacy Committee Update: medication shortage of Dextrose 25%
10. Heart and Stroke Committee – Action Item: STEMI Triage Plan approved by committee.
11. Performance Improvement Committee – the committee now has increased access to VPHIB; the committee decided they would like standing reports regarding procedures and medications rather than continuing with the Advanced Skills Tracking sheets.

Old Business

1. Committee Charter tabled for the next meeting.

Adjournment

Meeting adjourned at 1130.

Next Meeting

The next meeting will be held at the Rappahannock EMS Council on October 26 at 1600.

Regional Medical Direction Committee
December 12, 2016 – 5 PM
Rappahannock EMS Council—Classroom A

Members Present	Staff Support	Excused	Guest
Dr. Tania White, Chair	Wayne Perry, Executive Director		
Dr. Doug Johnson			

Call to Order

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

Approval of Minutes

August 30, 2016, meeting minutes approved with no corrections.

New Business

1. **Informational Updates:**
   a. National Updates: DEA legislation regarding standing orders was introduced, and has made it through the House.
   b. OEMS and Virginia Legislative Updates:
      i. Updated State EMS Plan has been approved
      ii. There is currently a proposal to make EMSTF a regional, competitive bid process administered by the Councils. Details are pending.
      iii. Provider Health and Safety Committee: Most recent meeting was cancelled.
      iv. State Medical Direction Committee updates to TR-17 were approved by the Governor's Advisory Board.
      v. Trauma System Oversight Pre-Hospital Taskforce: Currently working on: reviewing the HRSA trauma document and comparing the scoring by the committee to the scoring from the ACA. Previously completed and submitted a mission statement, vision, and goals for addressing the items that were addressed in the ACA site review. Have another meeting scheduling for early in 2017.

2. **ACTION ITEMS:** Updates to the regional patient care protocols per Protocol sub-committee and Guidelines and Training Committee:
   a. APPROVED:
      i. Removal of references to specific mediation administration routes within protocols
      ii. Addition of suggested medication administration routes in the medication reference sheets
      iii. Update to the medical cardiac arrest protocol to delete specific references for what is high-quality CPR to align it with the new Traumatic Cardiac Arrest protocols
      iv. Update to the Altered Mental Status, Seizure, and Cardiac Arrest protocols with new treatment of D10 infusion in place of D50 bolus.
      v. Update to the TBI protocol, moving some criteria into the notes section
      vi. Creation of a new Traumatic Cardiac Arrest protocol
      vii. Addition of Toradol to the Pain Management protocol at the AEMT level

1. **MDC approved with the addition of specification that Toradol is only to be administered if patient is younger than 65 years of age.**

viii. Creation of a medication reference sheet for Toradol

1. **MDC approved with addition of contraindications of head trauma, history of ICB**

ix. Creation of a medication reference sheet for Dextrose 10%

x. Creation of a medication reference sheet for alternate RSI drug, Rocuronium

xi. Addition of ODT Zofran at the EMT level in the Hypotension/Shock and Nausea/Vomiting protocols

xii. Addition of Ketamine to general pain control at EMT-I level

b. REJECTED:

i. Update of indwelling medical equipment protocol to include notes about the use of ring magnets for AICD that are firing inappropriately

ii. Addition of information to the reference section regarding ring magnets and use with AICD

3. REMS Updates:
   a. REMS Golf Tournament tentatively scheduled for April 29, 2017.
4. Heart and Stroke Committee: Several agencies are currently going through the process of completing applications to be considered Heart Safe.
5. Performance Improvement Committee – the committee now has increased access to VPHIB; the committee decided they would like standing reports regarding procedures and medications rather than continuing with the Advanced Skills Tracking sheets.
6. Dr. Johnson would like for the protocol sub-committee to look at the feasibility of adding Ancef to the protocols and the formulary. There is evidence to suggest that EARLY administration for any open fracture has significant benefit.

Old Business

1. Committee Charter tabled for the next meeting.

Adjournment

Meeting adjourned at 5:45.

Next Meeting

The date for the next meeting is TBD.

Regional Medical Direction Committee
March 15, 2017 – 5 PM
Rappahannock EMS Council—Classroom A

Members Present	Staff Support	Excused	Guest
Dr. Tania White, Chair	Wayne Perry, Executive Director		

Call to Order

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

Approval of Minutes

December 12, 2016 minutes approved as presented.

New Business

1. **Informational Updates:**
    a. National Updates:
        i. FICEMS/NEMSAC – no meeting since the last MDC, no update
        ii. NHTSA fatigue management study: currently some debate regarding how to use workload to determine level of fatigue; discussion surrounding the fact that providers may be fatigued when they come in to work. GRADE methodology and literature search information was reviewed/shared. Recommendations are currently being drafted.
        iii. Opioid and overdose epidemic:
            1. Proposal for increasing the quantity of Narcan on the formulary: some agencies have reported a need for additional Narcan. Dr. White stated that if Narcan is ineffective, patients need to be intubated.
    b. OEMS and Virginia Legislative Updates:
        i. Proposal to change RSAF process to regional and competitive bid process, no update.
        ii. TSO Pre-Hospital Task Force
            1. Working on scoring for TSO&M – group meets again on March 16.
        iii. OMD expirations: OMD updates available locally.
            1. NVEMS class – March 31
            2. REMS class – April 4
    c. State Medical Direction Committee Updates: no new updates.
    d. REMS Updates:
        i. REMS Council golf tournament set for 04/29/2017
        ii. Integrated Healthcare Initiative
            1. Accountable Care Community / Virginia Center for Health Innovation
            2. VDH: Office of Health and Health Equity Grant update – the grant should be renewed in July; efforts with the initial patient have been successful, with admissions to the hospital greatly reduced.
        iii. Partnering with UVA/TJEMS for project on stress in EMS

            1. Stress First Aid is moving forward, and the provider survey has been e-mailed out which should be completed before the training is offered. REMS will offer leadership brief first. King George and LifeCare have both indicated interest.
        iv. Guidelines and Training Committee:
            1. National Registry Testing: the updated testing process is now in place. March 11 was the first test site using the new process, and everything went smoothly.
            2. The Education Coordinator testing process is changing; practical skills will be tested at Consolidated Test Sites and candidate will be expected to complete mentorship hours with an existing EC.
        v. Heart and Stroke Committee:
            1. King George County was approved as Heart Safe at the last board meeting and the City of Fredericksburg has been approved by Heart and Stroke and will go to the next board meeting.
        vi. Performance Improvement:
            1. The committee has improved access to VPHIB and plans to get advanced procedures data from ImageTrend, is recommending the elimination of the Advanced Skills Tracking form as there is poor compliance with completion of the form.
            2. Reviewed the procedures performed listing as well as the data that was pulled for YTD FY17. No additions were recommended to the data that was isolated for critical skills.

2. **ACTION ITEMS:** Updates to the regional patient care protocols per Protocol sub-committee and Guidelines and Training Committee:
    a. <u>APPROVED:</u>
        i. Mass Gathering Protocol – approved, with recommended revisions by MDC.
        ii. Addition of ibuprofen and Tylenol to the authorized medication table.
        iii. Addition of heads-up CPR note to "General – Cardiac Arrest:" "consider elevating patient's head 30 degrees if using mechanical CPR device."
        iv. Addition of note to Sepsis Pearls regarding checking patient lactate levels.
        v. Addition of double-sequential defibrillation to pulseless VT/VF algorithm.
    b. <u>REJECTED:</u>
        i. Elimination of max dose for Narcan from General – Cardiac Arrest and Medical – AMS, pending further review regarding possible need for larger doses in case of fentanyl OD. Dr. White will look at some literature and review other potential causes such as carfentanyl.
        ii. Addition of Ancef to the formulary for open fractures, pending draft of language and approval by Guidelines and Training. Dr. White will speak with Dr. Johnson to get additional information.

Old Business

1. Committee Charter: tabled for next meeting.

Adjournment

Meeting adjourned at 1756.

Next Meeting

The date for the next meeting is May 22, 2017, at 5 PM.

Regional Medical Direction Committee
May 22, 2017 – 4 PM
Rappahannock EMS Council—Classroom A

Members Present	Staff Support	Excused	Guest
Dr. Tania White, Chair	Wayne Perry, Executive Director		Margot Moser, Office Manger
Dr. Doug Johnson			

Call to Order

Meeting was called to order at 1600 by Dr. White, committee chair.

Approval of Minutes

March 15, 2017 meeting minutes approved as presented.

New Business

1. **Informational Updates:**
   a. National Updates:
      i. FICEMS/NEMSAC
      ii. NHTSA fatigue management study
      iii. DEA legislation regarding standing orders
         1. 04/24/17 - Read twice and referred to Committee on Health, Education, Labor, and Pensions
         2. 04/26/17 – "Ordered to be reported with an amendment in the nature of a substitute favorably"
         3. 05/01/17 – "Reported by Senator Alexander with an amendment in the nature of a substitute, without written report" and placed on Senate Legislative Calendar under General Orders.
      iv. Opioid and overdose epidemic
         1. MWH Community Event and Town Hall meeting
   b. OEMS and Virginia Legislative Updates:
      i. Proposal to change RSAF process to regional and competitive bid process – meeting with OEMS May 25-26
      ii. Provider Health and Safety Committee
         1. Looking to do a campaign on mental health in EMS
      iii. TSO Pre-Hospital Task Force
         1. Next meeting with full task force on June 1
      iv. OMD expirations
         1. Dr. Goeden expires 07/31/2017
   c. State Medical Direction Committee Updates: no new updates.
   d. REMS Updates:
      i. Integrated Healthcare Initiative
         1. Accountable Care Community / Virginia Center for Health Innovation

        2. VDH: Office of Health and Health Equity Grant update
            a. Discussions with MWH to add on additional coverage/service
    ii. REMS Council community action group project
    iii. Partnering with UVA/TJEMS for project on stress in EMS
        1. Stress First Aid
            a. Fauquier County – one full presentation
            b. City of Fredericksburg – one executive presentation
    iv. Guidelines and Training Committee:
        1. Feedback from providers about FEMA and the new D10 protocol
        2. NREMT paramedic testing process
        3. New EC testing process
    v. Heart and Stroke Committee:
        1. HeartSafe project
        2. MWH reports EMS pre-notification for Stroke is 97.1% (58.7% national average)
        3. LVO stroke scale
            a. Primary versus comprehensive stroke center
            b. Pulsara and Twiage demo at the next meeting
    vi. Incident and Threat Mitigation Committee
        1. Provider health and safety
            a. Stress First Aid
            b. Code Green
    vii. Performance Improvement:
        1. Recent QI data
        2. New data and reports through VPHIB – standing reports?
    viii. Trauma Committee
        1. Reorganizing under the PI committee with contract updates

2. **ACTION ITEMS:** Updates to the regional patient care protocols per Protocol sub-committee and Guidelines and Training Committee:
    a. <u>APPROVED:</u>
        i. General – Cardiac Arrest – remove max dose for Narcan
        ii. Medical – AMS – remove max does for Narcan, add "titrate for sufficient respiratory effort"
        iii. Increase the dose on hand for Narcan to 10 mg
        iv. Discussion: details regarding the addition of Ancef to the formulary for open fractures to be referred back to Guidelines and Training.
            1. Indicated for all adult and pediatric patients with any open extremity fracture. 2 grams IV, 30 mg/Kg IV up to 2g. Contraindicated by allergies to PCN or cephalosporin.

Old Business

1. Committee Charter: tabled for next meeting.

Adjournment

Meeting adjourned at 1700.

Next Meeting

The next meeting will be held in September, date TBD.