Regional Medical Direction Committee
September 27, 2017 - 1500
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 1500 by Dr. White, committee chair.

Approval of Minutes

May 22, 2017 minutes approved as presented.

New Business

1. **Informational Updates:**
   a. National Updates:
      i. FICEMS/NEMSAC:
         1. Evidence-Based Practice and Quality Presentation
         2. Anthrax Vaccination – voluntary program through DHS
         3. Provider and Community Education/Data Integration Committee recommend practice analysis for MIH and standardization of terms
         4. Patient Care, QI, and General Safety committee presented draft proposal for EMS utilization of controlled substances
         5. Innovative Practices committee presented final draft advisory on changing the nomenclature of EMS, recommend calling the field paramedicine and all the providers paramedics
         6. Annual report was presented by NEMSAC
         7. Presentation regarding pros and cons of lights and siren travel as it relates to ambulance safety – 1-2% difference in patient outcomes with use of lights and siren, and agencies are reconsidering their recommendations regarding when to use them
         8. EMS Agenda 2050 meetings are happening now and the scope of practice and training and education plans are being evaluated. Public comments are being collected.
      ii. NHTSA fatigue management study:
         1. Formal recommendations are out, both papers have been published. 24, 48, and 72 hour shifts make errors more likely; shorter shifts are recommended and the papers outline the use of caffeine and methods for obtaining rest while on shift
      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

b. OEMS and Virginia Legislative Updates:
   i. RSAF process for initial training programs is still in limbo
   ii. RSAF process for continuing and auxiliary classes has gone out as RFP
      1. The Council received no responses to the request and are waiting for further instruction from the Guidelines and Training Committee
   iii. Provider Health and Safety Committee
      1. Looking to do a campaign on mental health in EMS
   iv. TSO Pre-Hospital Task Force
      1. Discussions regarding how to improve representation of the trauma system in EMS at the state level; there was some discussion regarding adding additional trauma committees, but the consensus seems to be that more representatives from the trauma system will be included in existing committees.
   v. OMD expirations
      1. Dr. Johnson expires 08/2018
      2. Dr Rickabaugh expires 08/2018
c. State Medical Direction Committee Updates: no new updates.
d. REMS Updates:
   i. Integrated Healthcare Initiative
      1. Dealt with 12 patients; looking into molding the vacant position into a support position for the program.
   ii. 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
         c. Colonial Beach – one executive presentation
   iii. Guidelines and Training Committee update:
      1. Recommended to move Protocol Subcommittee from reporting to Guidelines and Training to reporting to Regional Medical Direction
   iv. Incident and Threat Mitigation Committee
         a. Working on a Triage Tag event one Saturday a month
   v. Heart and Stroke Committee update
      1. HeartSafe application received from Greater Williamsburg Area and approved by the committee
      2. LVO stroke scale addition to the Regional Stroke Plan to match the approved state plan
         a. Primary versus comprehensive stroke center
         b. Pulsara and Twiage demo at the next meeting
   vi. Trauma Committee – MERGED INTO PI COMMITTEE
   vii. Performance Improvement Committee
      1. Recent QI data
      2. New data and reports through VPHIB – standing reports?

Old Business

1. Committee Charter: tabled for next meeting.
2. Protocol Subcommittee recommends the following changes
   a. Adding a medication reference sheet for Versed, Toradol
   b. Update a typo in the epinephrine dose for neonatal resuscitation – 0.01 mg/kg
   c. Update a typo in the Medical – Cardiac Arrest/Unknown Rhythm – algorhythm is misspelled.

d. Trauma – Head Injury – instead of having dopamine for hypotension, protocol sub-committee is recommending push-pressors using Epinephrine to maintain MAP > 90 mmHg. (ACTION ITEM) - APPROVED
e. Medical – Respiratory Distress – magnesium sulfate is currently at the online medical control level, protocol sub-committee is recommending that it be standing order (ACTION ITEM) - APPROVED
f. Medical – Respiratory Distress – protocol sub-committee is recommending the removal of Lasix from the protocol and elimination from the formulary (ACTION ITEM) – NOT APPROVED
g. Clinical Procedure – Ventilatory and CPAP – protocol sub-committee is recommending removal of the reference to pulse oximetry in the criteria (ACTION ITEM) - APPROVED
h. Clinical Procedure – Ventilatory and CPAP – protocol sub-committee is recommending CPAP for the EMT level be changed from online medical control to R-OMD (ACTION ITEM) - APPROVED
i. Medical – Allergic Reaction/Anaphylaxis – protocol sub-committee is recommending removal of Prednisone from the protocol and the formulary (ACTION ITEM) - APPROVED
j. Medical – Allergic Reaction/Anaphylaxis – protocol sub-committee is recommending that Narcan IV/IM/IO/IN be moved up to the AEMT level (ACTION ITEM). - APPROVED
k. Protocol sub-committee would like to hear feedback about the addition of nitroglycerine paste as an option for chest pain therapy. – LIKE THE IDEA, SEND TO PHARMACY COMMITTEE
l. Protocol sub-committee heard a discussion about the addition of IV Tylenol as a non-narcotic alternative for analgesia. It was reviewed by the pharmacy committee and they do not recommend adding it due to logistics and cost since Toradol is currently an option.
m. Protocol sub-committee had a discussion about streamlining the dosing for Versed. They are recommending 2-5 mg as an option for Behavioral, Chemical Restraint, and Seizure management. The RSI dose would remain weight-based. - APPROVED
n. Prior discussion was had about increasing the dose on hand for Narcan to 10mg – the pharmacy committee did not have a quorum for their meeting, but it will be going to the BOD in October as a recommendation from the staff – unless Medical Direction would like to make the proposal.
o. Prior discussion was had about the addition of Ancef – no action had been taken by G&T and the pharmacy committee did not have a quorum for their meeting. Their discussion ended around NOT recommending the addition of this item due to conflicting information about timing/dosing/need.
p. Ketamine dosing for behavioral in #11 is changed to 0.25-0.5 mg/kg and may repeat x1 after 5 minutes – include wording to recommend using the lowest effective dosing to achieve the desired results; #12 changed to 1 mg/kg IM – may repeat x1 or titrate IV at 0.25-.5 mg/kg

Adjournment

Meeting adjourned at 1544.

Next Meeting

The date for the next meeting is TBD.

Regional Medical Direction Committee
February 15, 2018
Rappahannock EMS Council—Classroom A

Members Present	Staff Support	Excused	Guest
Dr. Tania White, Chair	Wayne Perry, Executive Director		Steve Mitchell
Dr. Robert Fines			Dr. Pankaja Ramakrishnan

Call to Order

Meeting was called to order at 1500 by Dr. White, committee chair.

Approval of Minutes

September 27, 2017 meeting minutes approved as presented.

New Business

1. **Guest Presentation:**
    a. LVO stroke scale – Dr. Pankaja Ramakrishnan: the treatment window for mechanical thrombectomy in the treatment of strokes due to large vessel occlusion has recently been extended. PEMS, in partnership with Riverside Regional Medical Center, have begun using RACE to screen for LVO and transporting those patients meeting a severity threshold indicating they are candidates for thrombectomy with brain to save to a comprehensive stroke center rather than a primary stroke center as long as transport time is not increased by more than fifteen minutes. As the closest comprehensive stroke enter for REMS is VCU in Richmond, patients are generally sent to Mary Washington Healthcare or Stafford Hospital and flown to Richmond. REMS is already using a LVO stroke scale and will be updating it with the new international and state criteria as received.
2. **Informational Updates:**
    a. National Updates
        i. FICEMS/NEMSAC
            1. Evidence-Based Practice and Quality Presentation related to response of ambulances with and without lights and sirens was reviewed by the committee. It is worth reviewing the response criteria for agencies to ensure appropriate safety and patient care measures are guiding the response policy.
            2. EMS Agenda 2050 – straw man document version 2 is available for agencies and OMD's to review and provide feedback.
        ii. NHTSA fatigue management study
            1. Formal recommendations were published 1/11/18. OMD's are encouraged to review the recommendations and discuss operations with their agencies.
        iii. DEA legislation regarding standing orders: Protecting Patient Access to Emergency Medications legislation was signed and is now at the DEA for a formal rule writing process which may take up to two years. The expectation is that the current hospital-based medicine kit system in Virginia will not be approved, and agencies will become responsible for all medications.
        iv. Opioid and overdose epidemic

        1. Recent exposures to providers in Fredericksburg and Stafford. Word of mouth is that a solution has been developed at Dahlgren which is both a disinfectant and will break down opioids.
        2. Narcan grant has been extended by OEMS through end of February

b. OEMS and Virginia Legislative Updates
    i. Provider Health and Safety Committee
        1. Going to do a campaign on mental health in EMS; they are currently seeking stories for this campaign for providers in Virginia.
    ii. TSO Pre-Hospital Task Force
        1. Statewide standardization / protocols – the prehospital group has come up with criteria they believe the protocols should include. The REMS protocols have already included these items in a previous update.
        2. Committee composition – attempting to get more pre-hospital providers on the pre-hospital taskforce.

c. OMD expirations
    i. Dr. Johnson expires 08/2018; Dr. Rickabaugh expires 08/2018
        1. Course available in April in Winchester

d. State Medical Direction Committee Updates
    i. CPR change to co-requisite instead of a prerequisite for EMT class. Also removed requirement that it come from a specific company (ASHI, etc)
    ii. EMT-B scope amended to include administration of medications from dose-limited devices – providers still cannot do med math.

e. REMS Updates
    i. Integrated Healthcare Initiative
        1. Served 12 patients so far
        2. Plan to do the community garden again this year
    ii. Partnering with UVA/TJEMS for project on stress in EMS
        1. Stress First Aid – REMS providing presentations to interested agencies in the service area regarding stress-related injuries. This can be a full class or a one hour "executive briefing."
            a. Fauquier County – one full presentation
            b. City of Fredericksburg – two presentations
            c. Colonial Beach – one executive presentation
    iii. Incident and Threat Mitigation Committee
        1. Working on a tabletop drill in March, an active shooter response.
            a. Hope to build to a large-scale event if we can get enough participation.
        2. Will be attending Quantico's drill.

f. Heart and Stroke Committee update
    i. HeartSafe project: Greater Williamsburg is the most recent area to earn their HeartSafe distinction.

g. Performance Improvement Committee
    i. Data Review: MRN Recording: Thus far, Stafford County is the only group consistently capturing Medical Record Numbers.
    ii. Prehospital Stroke Assessment: Mark has developed several reports in VPHIB to be run quarterly. The first report is regarding patients where primary or secondary impression was either Stroke or TIA. Steve Mitchell has built a VAN stroke scale worksheet that allows providers to record more information than the default state interface does. He plans to share in the report library.
    iii. Trauma Assessment: Mark has created a standing report using EMS Compass data measures and the use of the Pain Scale in trauma patients and assessing and reassessing pain. About one third of documented treated and transported trauma patients did not have a documented pain scale in their report. This is not currently a mandatory field, but it is a recommended national data

measure. Many patients with a documented pain scale did not have a documented reassessment—this may be due to short transport times. Details available in reports.

h. Protocol adjustments:
    i. Stafford County EMS providers have presented a case where the patient is an imminent danger to themselves or EMS providers. Requested that the MDC review and consider a higher dose for this type of patient.
        1. Ketamine dosage adjustments were discussed and approved for such patients
        2. Behavioral /Patient Restraint – addition of language that this applies to "actively violent patients" and provides standing order for 2 to 4 mg/kg Ketamine IM, 1 to 2 mg/kg IV.
        3. General – Pain Control – discussed, but not changing the dosing here
    ii. Based on the recent changes to scope of practice for the EMT-B level, the option to give Narcan intranasally for overdose was discussed. Now that they are able to administer medications at a dose not just of the entire volume available, we are able to add an alternative
        1. For Altered Mental Status – EMT-B standing order of 2 mg IN Narcan – to be added as an available option when there is a dose-limiting device (needs to go to the pharmacy committee for discussion)
        2. For Overdose/Toxins – EMT-B standing order of 2 mg IN Narcan – to be added as an available option when there is a dose-limiting device (needs to go to the pharmacy committee for discussion)

Old Business

1. Committee Charter: tabled for next meeting.

Adjournment

Meeting adjourned at 1544.

Next Meeting

The date for the next meeting is TBD

Regional Medical Direction Committee
May 23, 2018
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 1540 by Dr. White, committee chair.

Approval of Minutes

February 15, 2018 meeting minutes approved as presented.

New Business

1. **Informational Updates:**
    a. National Updates
        i. FICEMS/NEMSAC
            1. EMS Agenda 2050 – A draft is available for agencies and OMD's to review and provide feedback.
        ii. DEA legislation regarding standing orders: No new developments at this time; Wayne has been mentioning it at all the regional meetings to raise awareness in agencies so people will not feel blindsided. For OMDs, this may prove to be a large shift requiring the utilization of their DEA number rather than the current buffer provided by the use of the hospital pharmacy.
        iii. Opioid and overdose epidemic
            1. VCU Echo Project: tele-mentoring to allow local primary care to consult with specialty doctors regarding substance abuse cases by removing identifying information and presenting it to the group for information or advice on how to proceed.
    b. OEMS and Virginia Legislative Updates
        i. TSO Pre-Hospital Task Force
            1. The draft statewide Trauma System Plan is out and the TSOMC is going to meet the first week of June to review.
                a. Recommendation for a statewide Trauma medical director to oversee all phases of care for trauma patients
    c. State Medical Direction Committee Updates
        i. Propofol – scope of practice change for Intermediate level: private ambulance services were concerned regarding the removal of propofol from Intermediate level scope impacting their patient transfer services. There was conversation regarding possible medical substitutes. Ultimately, it was requested that this be tabled and sent back to Medical Direction to allow these private ambulance services to come make their case to the doctors.
    d. REMS Updates
        i. Integrated Healthcare Initiative
            1. Gaining more recognition and referrals from the hospital, Moss Free Clinic, and social services

2. The community garden is in the works again this year
3. Eventually the program will have to expand in terms of staffing, so Wayne has developed intake and other program paperwork for patients. The main focus right now is on fall risk assessment, home safety checklists, and transport but other services that Wayne hopes to offer in the future are also on the paperwork.

ii. ITLS Scenario Development Workgroup: Wayne is working with this workgroup to write some new trauma scenarios and rework some older scenarios for initial ITLS training and the certification testing.

iii. Partnering with UVA/TJEMS for project on stress in EMS
1. Stress First Aid – REMS providing presentations to interested agencies in the service area regarding stress-related injuries. This can be a full class or a one hour "executive briefing."
    a. Wayne was contacted by the City of Fredericksburg and asked to give a presentation to the department of social services from Fredericksburg and Stafford County.

iv. Protocol Subcommittee:
1. Glucagon pump patients: At the Governor's Advisory Board meeting, there were three patients who stood up during the public comments section with concerns regarding their experiences with EMS; they all had been given D50 or D10 rather than glucagon when hypoglycemic and experienced adverse effects. Wayne brought this to the attention of the Medical Direction committee to ask whether or not revisions or additions should be made to the regional protocols with this in mind. Dr. White is planning to talk to an endocrinologist before looking into changing the actual protocol.
2. Drug Shortages
    a. Calcium Chloride
    b. Ketamine – still on shortage and no alternative at this point; if benzodiazepines are to be used in substitution and are likely to be on shortage it's a very short term solution
    c. Epi Pens
    d. Zofran – IV, not ODT
3. Guidelines and Training Committee Update:
    a. CPAP and Capnography – Pulmodyne presentation (link available in agenda) – using capnography to monitor CPAP and vice versa; we may want to add notes to the CPAP protocol regarding using capnography to monitor efficacy of treatment.
4. Pharmacy Committee Update:
    a. Ancef memo from pharmacists: the pharmacists at Mary Washington prepared a memo in response to the Medical Direction committee's request to add ancef to the formulary. Wayne presented the memo to the committee and asked for feedback: Dr. White will follow up with some of the other medical directors.
5. Heart and Stroke Committee:
    a. The Council has received additional interest from localities further out in the Tidewater region regarding HeartSAFE
6. Performance Improvement Committee
    a. Data Review – all transports by agency, advanced skills procedures and success rates. Mark is going to set Dr. White up with reports once a quarter.

v. Virginia Heart Attack Coalition – geared towards improving STEMI care and access related to cardiovascular issues. There are regional meetings and a state meeting was held on May 11. Presentations were made regarding data and groups in the Commonwealth, updates about patient care, and awards for data and reporting were given. Wayne plans to attend the next regional meeting.

Old Business

1. Committee Charter: tabled for next meeting.

Adjournment

Meeting adjourned at 1642.

Next Meeting

The date for the next meeting is TBD