



Peninsulas Emergency Medical Services Council, Inc.

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PEMS Medical Advisory Committee Meeting Minutes

A PEMS Council Standing Committee

Meeting Date: December 10th, 2020

Meeting Location:

Virtual/Go to Meeting

Chaired By: A. Louka

Begin Time: 2:35 pm

End Time: 3:45 pm

Minutes Submitted By: Seth Craig

Draft Approved Date: 03-11-21

Members Present:	Members Absent:	Staff:	Others:
Baker, MD, Chris (TC)	Apostoles, MD, Steve	Ashe, Amy (TC)	Doak, Melissa- YCFLS (TC)
Berry, Wayne (TC)	Bass, MD, Gregory	Craig, Seth (TC)	Gower, Jim- NNFD (TC)
Fish, Jr, MD, James (TC)	Clarke, DO, Clarence	Pincus, Stephen (TC)	
Gupta, MD, Sudershan (TC)	Clifford, MD, Christianne	Player, Michael (TC)	
Justis, MD, David (TC)	Dodd, DO, Lisa (Chair)		
Lawson, MD, Cheryl (TC)	Dudley, DO, James		
Louka, Amir (TC)	Dunn, MD, Chad		
Nicholson, Ben (TC)	Erwin, MD, Eleanor (Vice-Chair)		
Prata, Tony (TC)	Garrison, MD, James		
Sweet, Jason (TC)	Haas, MD, Christopher		
	Harper, Kimberly		
	Jackson, MD, Cara Marie		
	James, MD, Christopher		
	Jennings, MD, Torino		
	Laing, Jim		
	McCorry, DO, James		
	Ray, MD, Gaylord		
	Skrip, MD, Stephen		
	Sledge, Tyler		
	Sutherland, MD, Paul		
	Veek, Phillip		
	Weber, MD, Brent		
	Williams, Cynthia		

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting Called to Order at 2:35 pm by A. Louka, in the absence of both the Chair and Vice-Chair. Due to COVID-19, the meeting was virtual. Attendance was recorded and confirmed as above.		
MAC Membership Changes	<p>OMD Membership Report – Welcome Dr. Jennifer Termeer Northumberland Co. VRS and Dr. Ben Nicholson, Lancaster Co. EMS.</p> <p>MAC Committee has a vacancy for Licensed EMS Agency (Middle Peninsula), Licensed EMS Agency</p>		
Approval of Minutes	Approval of the September 17 th , 2020 Minutes. Minutes approved unanimously as written.	Submit Final to S. Pincus	S. Craig
Regional MD Report	<p>Dr. Louka presented the following Regional Medical Report: The September MAC Meeting was long and still did not get through all of the protocols/topics- so is this the best way to handle this process?</p> <p>The pre-protocol vote was successful, regarding removing Ativan, and Dopamine, as well as some other topics. However, issues were identified with the .pdf protocol drafts that were included in the survey. The MAC needs to development an approval process that is usable for everyone. Dr. Louka proposed having one final solid, clean version that is delayed, rather than rushing now and risking the need for further revisions later. Dr. Lawson concurred.</p> <p>Dr. Louka recommended finding a platform where documents can be shared/viewed/edited at individuals' convenience. It would have the current protocol, meeting notes, and then a time frame to comment/discuss on the proposed changes, and possibly vote within the platform.</p> <p>M. Player reported that the Regional Councils are looking at Blackboard with VA OEMS, which may be an option.</p> <p>S. Craig reported that PEMS has put all staff on this project to create a solid product that would have the current protocol, track changes on a working document, with various control options. S. Craig and S. Pincus are investigating Sharepoint as a possible option.</p> <p>Dr. Louka asked the OMDs is this would be a viable option. Dr. Justis asked about SurveyMonkey, but Dr. Gupta indicated that would not allow for a shared workspace.</p> <p>S. Pincus reported that Sharepoint will allow people to work simultaneously in realtime as well as capture who is making comments and changes, as well as allow people to comment on comments.</p> <p>MAC agreed that the current process is not working, and moving discussions outside of this meeting would allow the MAC meeting to conduct actual business of the Committee.</p> <p>M. Player reported that the resolving the outstanding protocols is a priority for PEMS and will make whatever resources necessary available. The goal would be to have the drafts done by the close of December available to review and discuss.</p> <p>Dr. Louka asked how the MAC would like to prioritize the protocols for reviews? Maybe select important ones such as Sepsis, and then with the Pharmacy Pages.</p> <p>M. Player asked the MAC how much time is needed to review the 2021 protocol drafts. It was decided that the goal would be by January 1, 2021 with 3 weeks for OMDs to approve.</p>	<p>Find out about Blackboard as a possible platform</p> <p>Create & distribute new Protocol Platform</p>	<p>M. Player</p> <p>S. Craig/1-1-21</p>
OMD Membership	No report from OEMS regarding OMD certifications this quarter.		

Item	Discussion	Action Required	By Whom/When
Committee Reports	<p>Committee Reports –</p> <ul style="list-style-type: none"> a. Pharmacy Committee – S. Craig for J. Bendit <ul style="list-style-type: none"> 1. Request for Ativan to be removed from PEMS Medication Boxes due to short shelf life and constant need for EMS Providers to exchange mediation boxes. Discussion regarding Versed is recorded under New Business below. b. Performance Improvement Committee – S. Craig <ul style="list-style-type: none"> 1. S. Craig reported at last meeting that a review of medical incident reports – ¼ of provider MIRs (2 of 8) provider administered Inhalation Saline instead of either Albuterol or Atrovent. Some pharmacies are stocking inhalation saline in packaging similar to Atrovent and Albuterol. Please remind providers to verify medications before administering. c. PPP Committee – David Justis, MD <ul style="list-style-type: none"> 1. PPP Committee has been very busy, working on protocol layout, and updating protocols. Need more involvement by physicians. Even if you cannot commit to every meeting, you may be able to provide input on protocol drafts. Dr. Gupta indicated that he can help on the second Wednesday of the month. Dr. Lawson indicated she will reach out to Dr. Gray at Riverside. d. Clinical Program Committees (Stroke, STEMI, Trauma) – J. Bendit <ul style="list-style-type: none"> i. Trauma Triage Committee – S. Craig J. Bendit <ul style="list-style-type: none"> 1. Trauma Committee assisted in reviewing Trauma Protocols, many have been updated with current best practices and evidence-based medicine. ii. Stroke Committee – S. Craig for J. Bendit <ul style="list-style-type: none"> 1. COR for early activation, providing protected patient information to receiving hospital. iii. STEMI Committee- S. Craig for J. Bendit <ul style="list-style-type: none"> 1. COR for early activation, providing protected patient information to receiving hospital. 2. Dr. Gupta asked about STEMI transmission capabilities. S. Craig will follow up with the STEMI Committee and ask about transmission of ECGs. iv. Behavioral Health Committee- S. Craig for A. Ashe <ul style="list-style-type: none"> 1. Revising General-Behavioral/Pt Restraint beyond just Medication Admin. e. EMS Operations – S. Pincus <ul style="list-style-type: none"> 1. PCOC was very successful, still meeting routinely. 	Follow up with STEMI Committee regarding transmission of ECGs	S. Craig/1-21-21
PEMS Updates	Office bathroom buildout is complete, working with cleaning company to develop procedure/schedule. All meetings remain virtual. M. Player will be representing the Regional Councils on the DEA Med Box Task Force. It will be a long process of reviewing proposed regulations, public comments, etc.		
Old Business	No old business		
New Business	Dr. Louka reported that the PEMS Pharmacy Committee asked about Versed dosing and what amount would be required to be stocked in the PEMS Medication Box. Currently there is 10 mg in the Medication	Report MAC vote to have 20 mg of	S. Craig/12-15-20

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	<p>Box, what would be a second dose? MAC voted 5 mg IV, 10 mg IM as an initial dose for an adult seizure. Therefore, more Versed would need to be added for a second dose when necessary. Dr. Louka recommended at least a match-dose. Dr. Gupta made a motion to have a total of 20 mg of Versed in the medication box. Motion was seconded by Dr. Justis and approved unanimously. S. Craig will report the vote to the Pharmacy Committee.</p> <p>There was discussion regarding the Post Intubation protocol and Versed, MAC agreed to keep IV and add IM.</p> <p>It was recommended to either create a standardized protocol or the Pharmacology Pages for the RSI Medications and Cyanokits. Dr. Lawson and J. Gower concur to have the Pharmacology Pages in the Protocols for awareness training of providers even if they are not RSI medics. Dr. Lawson indicated that they currently cross-train RSI medics from other agencies. A. Ashe indicated that the RSI box is not currently stocked at all hospitals. Therefore, the idea of incorporating the pharmacology pages is a good start, and then consider a Regional RSI Protocol. M. Player recommended producing these standardized pharmacology pages to education providers in the region.</p> <p>Dr. Lawson also indicated that providers are invited to attend Ultrasound training, too.</p> <p>Dr. Louka suggested having a regional IV box (like a tackle box). Dr. Lawson says it may be a good idea, but realistically difficult to staff the hospital to stock IV boxes. M. Player reported that there used to be an IV kit in PEMS, but the hospitals asked the Region to move away from the process 30 years ago. Agencies now have customized IV rolls, ambulances, etc. so it would be difficult to go back to this system. The MAC as a majority did not vote to have a standardized IV box.</p>	<p>Versed to the Pharmacy Committee</p> <p>Ask Pharmacy Committee to create Pharm pages</p>	<p>S. Craig/12-15-20</p>
<p>For the Good of the Order</p>	<p>Important Dates</p> <ul style="list-style-type: none"> i. Special Call MAC Meeting January 21, 2021 at 1:00 pm ii. Next regular MAC Meeting Thursday March 11th, 2021 at 10:00 am iii. PEMS Office Closed December 24th -25th, 2020 and January 1, 2021 <ul style="list-style-type: none"> • Attendance verified. 		
<p>Adjournment</p>	<p>Meeting was adjourned at 3:45 pm.</p>		