



## Peninsulas Emergency Medical Services Council, Inc.

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### PEMS Medical Advisory Committee Meeting Minutes

A PEMS Council Standing Committee

**Meeting Date:** 06-10-21

**Meeting Location:**

Virtual

**Chaired By:** L. Dodd

**Begin Time:** 10:02 am

**End Time:** 11:05 am

**Minutes Submitted By:** Seth Craig

**Draft Approved Date:** 09-09-21

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

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting Called to Order at 10:02 am by L. Dodd. Due to COVID-19, the meeting was virtual. Attendance was recorded and confirmed as above.		
MAC Membership Changes	No membership changes.		
Approval of Minutes	A. Louka made a motion to approve the March 11 <sup>th</sup> , 2021 MAC minutes. Motion seconded by D. Justis and approved unanimously.		
Regional MD Report	A. Louka reported that drafts of the PEMS Pharmacology pages have been updated and standardized. They have been reviewed by the Chair of the Pharmacy Committee and now by the rest of the PEMS Pharmacy Committee. They are in the MAC Sharepoint group for the OMDs for review and comment. The Pediatric Committee is very engaged and reviewing current Pediatric Protocols. The PPP Committee has reviewed the current PEMS Procedures pages and drafts are in the MAC Sharepoint group for review and comment. MAC has voted to go to biannual updates and the Pharmacology pages and Procedure pages are probably the best place to start.	Review & comment on documents in the MAC Sharepoint  Vote on updates	OMDs/7-31-2021  OMDs/8-2021
OMD Membership	No OMD Membership changes.		
Committee Reports	<p>Committee Reports –</p> <ul style="list-style-type: none"> <li>a. Pharmacy Committee – A. Louka <ul style="list-style-type: none"> <li>1. OEMS believes that the Pharmacy/DEA issue is not that imminent of a concern.</li> <li>2. Any feedback/issues/feedback with the changes such as removal of Ativan? Dr. Dodd is not aware of any issues, no other OMDs had feedback.</li> </ul> </li> <li>b. Performance Improvement Committee – S. Craig <ul style="list-style-type: none"> <li>1. State is transitioning from ImageTrend to ESO, therefore data acquisition for the Region is on hold.</li> <li>2. PEDs Committee will look at sepsis data and a protocol in the near future.</li> <li>3. Only MIRs have been regarding diversions, no protocol or procedures issues.</li> </ul> </li> <li>c. PPP Committee – David Justis, MD <ul style="list-style-type: none"> <li>1. Committee has reviewed the PEMS Procedures pages and comments are available to the MAC in Sharepoint.</li> <li>2. PPP will have a folder in Sharepoint that MAC can access</li> </ul> </li> <li>d. Clinical Program Committees (Stroke, STEMI, Trauma) – D. Thomas <ul style="list-style-type: none"> <li>i. Trauma Triage Committee <ul style="list-style-type: none"> <li>1. No Report</li> </ul> </li> <li>ii. Stroke Committee <ul style="list-style-type: none"> <li>1. No Report</li> </ul> </li> <li>iii. STEMI Committee- A. Louka <ul style="list-style-type: none"> <li>1. Should providers be doing 15 lead ECGs in addition to at 12 Lead? When is it necessary if it is? Inferior STEMI may consider obtaining right side ECG before administering Nitro. Do the OMDs expect their providers to acquire 15 lead ECGs? L. Dodd concurred that some providers are having a</li> </ul> </li> </ul> </li> </ul>	Update chest pain protocol “if there is inferior ST elevation consider	A. Louka/7-01-21

Item	Discussion	Action Required	By Whom/When
	<p>difficult time acquiring 12 lead ECG, so requiring more may not be beneficial. Sometimes medics will call the hospital to see if the hospital wants more than a 12 lead. A. Louka stated that there is nothing in the Chest Pain Protocol to indicate when to acquire a 15 Lead ECG, but how to do it is in the Procedures. Should there be clarification in the Procedures of when to do it? D. Justis likes the idea of “if you see an Inferior MI acquire right side ECG.”</p> <p>iv. Pediatric Care Committee- A. Louka  1. Considering creating a Pediatric Trauma Subcommittee to look at some topics</p> <p>e. EMS Operations – S. Pincus  i. LifeEVAC had an update and will be expanding services, particularly in the Northern Neck.  ii. Next meeting is in July.</p>	transmitting right side ECG.”	
Old Business	<p>A. Louka stated that there are drafts of the Pharmacology pages for the current RSI medications in the MAC Sharepoint for review. Also, although a Regional RSI program probably is not feasible based on CQI/QA requirements, and should have an OMDs robust involvement, etc. but he is willing to assist any agencies considering developing an RSI program.</p> <p>Also the MAC needs to review pediatric intubation procedures to ensure it is done correctly, safely, and appropriately within the region. State scope of practice limits intubation of children under 12 years old to only paramedics. A. Louka offered to take the opinion of the MAC to the Pediatric Care Committee if there are strong opinions either way. C. Lawson asked if there is current literature regarding EtCO<sub>2</sub> to detect and monitor ETT placement? A. Louka said he heard a good presentation that went through the last 40 years of studies regarding pediatric intubation. Overwhelming the results were that pediatric intubations had a worse outcome even when done correctly. C. Lawson reported there were many Intermediates who were very successful at pediatric intubation prior to the Office of EMS changing the scope of practice to only paramedics. She believes that a patient without oxygen would be worse off than a child intubated.</p> <p>S. Craig reported that the next Pediatric Care Committee is July, so please send any opinions and feedback to him or A. Louka prior to that date.</p>		
New Business	<p>S. Craig because the MAC voted to do biannual protocol updates, what timeline is needed?</p> <p>A. Louka suggested that the Pharmacology and Procedures pages would be sufficient. He asked MAC to look at what is on Sharepoint and have an online voting process prior to the September MAC and then roll out the protocols in October/November.</p> <p>D. Justis suggested adding information on igel BIADs.</p> <p>A. Louka explained some of the changes he made for his agency in the Procedures and has offered the drafts for PEMS adaptation. He specifically asked for feedback on the VAD and devices procedure.</p> <p>A. Louka MAC had a vote recently regarding “active member” to vote- clarifying that it was 25% of the last 4 meetings. S. Craig confirmed that it was decided to be 25% of that last 4 consecutive MAC meetings.</p> <p>E. Erwin made a motion to have the MAC meeting held at alternate times to accommodate different schedules. A. Louka seconded the motion. Motion passed unanimously. S. Craig will send out an email to the MAC to get feedback about the preferred alternate meeting time.</p>	Send out email regarding alternate meeting times	S. Craig/6-20-21
For the Good of the Order	<p>Important Dates</p> <ul style="list-style-type: none"> <li>Next regularly scheduled MAC Meeting is September 9<sup>th</sup>, 2021 at 10:00 am.</li> </ul>		

Item	Discussion	Action Required	By Whom/When
	<ul style="list-style-type: none"> <li>• VA OEMS Symposium November 3-7, 2021</li> </ul>		
Adjournment	Meeting was adjourned at 11:05 am.		