



Peninsulas Emergency Medical Services Council, Inc.

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PEMS Medical Advisory Committee Meeting Minutes

A PEMS Council Standing Committee

Meeting Date: October 23, 2023

Meeting Location: Virtual

Chaired By: Amy Ashe

Begin Time: 6:04 pm

End Time: 7:30 pm

Minutes Submitted By: Amy Ashe

Draft: Approved Date:12/5/2023

Members Present:	Members Absent:	Staff:	Others:
Baker, MD, Chris (TC)	Apostoles, MD, Steve	Ashe, Amy (TC)	Funkhouser, Andy (TC)
Clairborne, Tanya (TC)	Clifford MD, Christianne	Player, Michael (TC)	Lang, Betsy (TC)
Dodd, DO Lisa (Chair) (TC)	Dhindsa MD, Harinder		McQueen, Ryan (TC)
Fish, Jr. MD James (TC)	Dudley, DO James		Raab-Campbell, Jennifer (TC)
Garrison MD, Jason (TC)	James MD, Christopher		
Gray MD, Bryant (TC)	Jennings MD, Torino		
Gupta MD, Sudershan (TC)	McCorry DO, James		
Jackson DO, Cara Mari (TC)	Nicholson MD, Ben		
Justis MD, David (TC)	Prata,Jr., Anthony		
Lawson MD, Cheryl (TC)	Termeer MD, Jennifer		
Louka, Amir (TC)	Weber MD, Bren		
	Williams, Cynthia		

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting called to order 6:04 pm		
Introductions	Introductions were done		
Old Business	Review and comment on the Behavioral Health Algorithm. Dr Gray opened it up for questions in an open forum manner. There were no questions submitted prior to the meeting. Dr Louka’s wanted to know what the capabilities and intended purpose of the facility? Dr Gray responded that it is labeled as an emergency department although it is not intended to take away from		

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	<p>other local emergency departments. It will not be labeled as an Emergency Room with the Hospital signage out front. It will be able to do medical clearances. It will have APP's mainly and psychiatrists. There will be 24 hour staffing, The patience's coming to the facility will have a primary complaint of mental health.</p> <p>Dr Louka discussed it will be unlikely to due distance his agency will most likely not transport there, but concerned about the patients that seem fine at first then rapidly decline, especially ETOH withdrawal. What are the capabilities when this happens and what does that look like for management. What systems are in place to mitigate the risks that are associated.</p> <p>Dr Gray responded, It will be a BLS facility. The providers will be ACLS and PALS certified. In the cases where a patience decline there are agreements in place with AMR and Hampton Fire Department for transport. The APP's will have direct contact with Riverside Regional for oversight. EKG's will be read by the EKG machines. If there is concern then the Emergency Physician at Regional will be consulted.</p> <p>Dr Gray clarified with an example of a STEMI at the Riverside Behavioral Health Center after the patient is already there. The protocol is to call 911 for that patient to be transported, not Riverside Regional. The patience that requires emergent transport will go to the most appropriate facility on case-by-case basis.</p> <p>Betsy Lang reported on some of the interfacility transport discussion questions. They are working with AMR to assure there is transport if a transport in needed. She recommended an internal discussion for the Riverside Health System.</p> <p>Dr Gupta asked what ambulances can transport there.</p> <p>Dr Gray said it was a service that was available to all ambulances and transports from smaller hospital such as Riverside Walter Reed</p> <p>Dr McQueen wants to try decompress the local ER's from the patients that end up there in a holding status.</p> <p>Dr Lawson asked about patience that are covid positive</p> <p>Dr McQueen answered that the facility can keep 1-2 rooms for Covid positive patience that are negative pressure</p> <p>Dr Louka stated some of his concerns and suggestions:</p> <p>The primary concern he has in the indications is ETOH withdrawal. It is a medical emergency in his opinion. Does trauma need to be clarified?</p> <p>There was some question on who the agencies should be calling if there is a patient that meets the criteria for the RMHRC. If we only call the RMHRC we have left out medical control.</p> <p>There is some concern for a pregnant patient, what are the capabilities to asses the unborn fetus.</p> <p>Vitals should be made for easier for medics to follow.</p> <p>Would suggest leaving off the CHKD.</p> <p>Change the Transport to consider transport to BH.</p> <p>He also suggested this was a good opportunity for Telehealth consults.</p> <p>Dr Justice commented that he agreed with removing the ETOH withdraw. Concerns for the patients that initially deny having taking something. Would suggest adding suicidal ideations with denial of ingestion.</p> <p>Dr McQueen advised the group that they frequently treat people with alcohol withdrawal. They have had patients that have decompensated and they have had to treat them.</p> <p>Dr Baker commented that he thought it was beneficial. Having the units call medical control before transporting to the RMHRC would be confusing. If we can develop a protocol that would help the providers to distinguish who could be transported there and who could not, we should. He did agree with some of the changes such as the alcohol withdrawal. Asked about the hear report, and it was confirmed by Dr Gray that the RMHRC would have a report and if it was a patient that is not capable of being handled by them they will</p>		

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	<p>divert the crew. Dr Gupta main concerns were the pregnancy and the alcohol withdraw. Dr Lawson advised her agencies are too busy to be able to leave the city. Dr Gray reiterated that it was guidance and not a mandate. Dr Gupta advised he thought it would be beneficial to also make sure the patience were going to the correct facility. That a suicidal patient would be better suited at a mental health facility.</p> <p>Dr Loukas suggestions based on this meeting were : Remove alcohol withdrawal Not pregnant No loss of consciousness with in 24 hours No Seizure activity Delete the line about being sedated contact RMHRC line because we will be contacting them anyways</p> <p>Dr Gupta suggest maybe add questions as a pearl somewhere as a reminder to advise the facility if they have had sedation Dr Baker asked was it an absolute exclusion criteria? Dr McQueen answered it was a case by case. If they got Ketamine then they definitely do not come to the RMHRC. Dr Baker suggested it be a PEARL Dr Justice agreed.</p> <p>Physical exam Dr Louka suggest just pick a blood pressure to simplify the criteria. Go with a systolic Add No LOC in this box</p> <p>There was discussion about pregnancy</p> <p>Dr Gupta asked if someone was pregnant does that exclude them, Just because they are pregnant does not mean we should not take them if there is not reason for concern Dr McQueen said they do on occasion get walk in's that are pregnant, and they are able to manage them. Dr Funkhouser asked if they can do fetal heart tones. Betsy Lang confirmed the APP will be trained to monitor fetal heart tones and they will have the SANE nurses who will be responding to the facility in sexual assault cases. Dr Gupta does not think it is an absolute and it should be case by case Dr Gray agreed that it should be case by case Dr Baker said to add PEARL that if the patient is pregnant to communicate that information to the BH Center with gestational age, presence or absence of bleeding, presence of absence of pain and if they have been receiving prenatal care to the Behavioral Health Center.</p> <p>Add Consider transport to BH Center instead of transport to BH Center Add contact RMHRC or CHKD for report when transporting</p>		

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	<p>Dr Lawson asked Dr Baker about transporting outside of the City of Hampton. He answered that the do transport outside the city and it is up to the medic.</p> <p>If there are other Centers that are relevant, we will come back and add then as necessary.</p> <p>Dr Justice said his agency does transport to Sentara and Riverside Doctors for suicidal patients.</p> <p>Amy will follow up with hospital liaison at Bons Secours</p> <p>Dr Justice made motion to vote tonight on the revised version. Dr Louka seconded motion. Dr Lawson abstained from the voting because her agency was not going to transport there. It was unanimously passed with the revisions.</p> <p>The BH Committee will follow up with QA from the transports and follow up with the MAC. We are meeting monthly at first tracking the EMS transports, diversions and transports out of the facility.</p>		
New Business	None		
Good of the Order	None		
Adjournment	7:30 pm		
Next Meeting	NA		