

Meeting Minutes

Regional Medial Advisory Committee

Quarterly Meeting –September 1, 2020 – 10:00 AM

Roll Call: J. Urban (SMEMSC); Dr R. McLeod (SMEMSC); Tim Nilson (SMEMSC); Dr. D. Kupas (Danville); R. Kelley (Mt. Nittany); Dr. Clifford Neal (Centre LifeLink); Kent Knable (Centre LifeLink); Dr. Catherine (Goodwill); Dr. Reed (AREA); J. Zablosky (AREA); G. Widger (GCMTS); R. Kelley (MNMC); Dr. Botti (MNMC); G. Banfill (LHEMS); A. Banfill (LHEMS); Dr. Berkey (PGFD); R. Hare (Americus); A. Hoover (MNMC); M. Kurtz (Danville); Dr. D. Schoenwetter (Geisinger); T. Long (Fame); G. Baker (Evan)

Meeting was called to order at 10:00 by Dr. McLeod via teleconference.

An introduction of members in attendance was conducted.

NEW BUSINESS:

REPORT FROM STATE MAC: Dr. McLeod indicated the following issues were discussed at the State MAC.

-There has been an increase in the use of Remdesivir and a number of patients being transported with this drug. After discussion at the state level it was deemed ok for medics to transport this patient with this drug running.

-Covid 19 is still prevalent. Upper respiratory complaints are not the only presenting signs/symptoms. Nausea, diarrhea and GI complaints are also being noted.

-The state MAC said to remind services to keep the exhaust fan in the back of the ambulances running to aid in air exchange.

-The PEHSC Conference will be held in a virtual format this year with no charge.

Dr. Kupas added the following:

-He has noticed a majority of the providers, that upon leaving the ER, all PPE is removed and are in the ambulance with out masks acting if there is no longer a pandemic. Service managers need to remind employees about the use of masks while in the vehicle, station, public, etc... By not adhering to the directives complicates contact tracing.

-With a vaccine for Covid coming, EMS will be asked to take a role in vaccinating the public similar to the H1N1 vaccine. The Department will hire the vaccinators.

CORONAVIRUS: After the discussion above, there was nothing additional to add at this point.

CARES: Dr. McLeod informed everyone that Kimbra Shoop is no longer the State CARES Coordinator (Evan) Tiara Sinkfield and Jim will be handling those duties. Jim indicated that the audit for June has been completed and all regional services are up to date with the audit. Hospital outcomes were also presented. Hospitals with incomplete records are mostly for July and August. However there is one hospital with an incomplete outcome from January. To become more familiar with call volumes, all services were contacted to confirm their call volume for this year. A table representing this information was shared with the committee. George Widger inquired about Greater Columbia. He was informed that

they were inadvertently omitted and they are current. Dr. Kupas stated that he will be entering data for all the Geisinger EMS stations, with the additional station in Rohrsburg.

ETOMIDATE/KETAMINE: - Jim presented a table for a Ketamine case that was received. Dr. McLeod indicated that on his review, other than the delay in starting the IV and the BSG check, there was nothing irregular. The highly uncooperative state of these patients will often delay some procedures. Jim indicated that he just received another case before the meeting and was unable to gather the information for Dr. McLeod to review. Dr. Schoenwetter inquired how many services are using Ketamine for pain and how are we tracking it. Jim referred to the table and pointed out that entries have been added for protocol indication and an area for amount mixed. Presently there are three services utilizing Ketamine for pain. Also the agency QI form has been adjusted for the use for pain management. With the controls for use of Ketamine, we can be assured that it will not be used in similar situations in Colorado. Discussion ensued.

The quarterly Etomidate table was displayed. Dr. McLeod indicated that aside from some documentation deficiencies it appeared that the use was appropriate. Dr. McLeod also indicated that there was a case that Etomidate was administered by a service not authorized for its use. The only way we found out was that an authorized service was requested to fulfill the 2 ALS provider requirement and the assisting service submitted the QA form and withdrew the form after realizing that they weren't the primary unit. Dr. Schoenwetter asked what service this was. Tim Nilson stated that because this episode was reported to DOH and is subject of an open investigation, we are unable to divulge that info. Tim stated that when we were made aware, the Bureau was notified, a spot inspection performed and the medication was found and removed from the vehicles. The results were forwarded to the Bureau and are waiting for further direction from the Bureau. Dr. Kupas agreed and said that because the Bureau is investigating a service using a medication that they are not authorized to use, the parties cannot be disclosed.

Discussion ensued regarding the incident and our regional QA procedures.

ANTIBIOTICS FOR OPEN FRACTURES: Jim reported that there are presently 3 service participating in the pilot program. Letters from the Bureau are due to sent today. Dr. McLeod said he us going to urge his units to participate. Dr. Schoenwetter asked if Life Flight would be required to submit the QA/QI data. Jim stated that since air units are not covered by the ground protocols, it would be up to the committee. Dr. Kupas seemed to think it would be a good idea. Discussion ensued. The committee agreed. Dr. Schoenwetter said his QI committee will be notified and will need the forms for data submission. Jim will get the forms out after the meeting. Dr. Kupas asked if Geisinger requested to participate and if not a request will be forthcoming.

IALS Jim said that he and Education Coordinator Scott Reiner have had informal discussions regarding the AEMT update course, but nothing has been formalized. Dr. Schoenwetter asked if the region and the RMAC have been involved with the dispatch policies and other implementation issues with IALS. Jim stated that there have been meetings between the region, the service and the dispatch center. Since there are really only 2 types of emergencies that can be completely handled by IALS and the dispatch center has no way of knowing at the time of the call, ALS will be dispatched as always. If the IALS unit arrives on scene and decides ALS can be cancelled, the IALS will consult with medical command and receive orders for such. After discussion, it does not appear that the IALS service is actively seeking out to replace ALS with the BLS services. Dr. Berkey agreed and stated that the only time the IALS will cancel

ALS without command is if the call is truly BLS. Dr. Berkey said that he will review all instances ALS is cancelled and would be willing to report to the RMAC. Discussion ensued.

TRANSPORT OF CARDIAC ARREST PATIENTS REGARDLESS OF ROSC At the request of Dr. Botti this item was added. Dr. Botti stated that it was reported to her from Dr. Newcomb that cardiac arrest patients were being transported for financial reasons and felt that this was not in the best interest of patient care. One of the charge nurses reported that a crew from Centre LifeLink told her that they had received a directive to transport all cardiac arrest patients since they can only bill if they transport. This was relayed to the ER Manager, Dr. Newcomb then to Dr. Botti. She wanted to bring this up for discussion. A lengthy discussion ensued. Dr. Neal explained the LifeLink position. Kent Knable expanded on what Dr. Neal said and explained the policy further. Committee members all participated in the discussion of this issue.

MEDICAL COMMAND PHYSICIAN RENEWAL Dr. Botti asked if the renewal process for Medical Command Physicians is going to become easier since she has a few expiring 10/1/20. She presently has 2 that are experiencing some problems but have helped through the process by Jim. Jim stated that physicians are notified by the department 90 days by mail. However, the 2 physicians in question never received notification because their home address was not listed. Instead the hospital address was listed so the notification went to the hospital. 1 has been taken care of, the remaining is having issues due to a typo in the social security number. Dr. McLeod said his docs received notice from the department 90 days before. Jim said to ensure there is no lapse in certification, have the physicians log in to their registry account, ensure the address and email are correct, select reregistration, update and upload a copy of license on the application tab, mark select on reregistration tab and follow the prompts. If any help is required, have the physician call Jim.

GOOD OF THE ORDER: Nothing presented.

NEXT MEETING: Tuesday-December 1, 2020 @ 10:00 AM- via teleconference

With no further business to discuss, Dr. McLeod adjourned the regional MAC meeting at 1210.

Respectfully Submitted by

James P. Urban, EMTP
EMS Licensure Coordinator
Seven Mountains EMS Council