El Paso County EMS Medical Director Committee

June 6, 2019

Summary Notes

Attendance:

Dr. Matt Angelidis	Yes	Dr. Brett Banks	No
Dr. Stein Bronsky	Yes	Dr. Jeremy DeWall	Yes, Phone
Dr. Sean Donahue	No	Dr. David Hakkarinen	Yes
Dr. Tim Hurtado	No	Dr. Jessica Walsh	Yes
Dr. Eric Wu	Yes, Phone	Dr. David Listman	Yes, Phone
Shonee Bullin	No	Sam Adams	Yes, Phone
Kim Schallenberger	No	Jayme McConnellogue	Yes
GUESTS:	None		

Jayme McConnellogue called the meeting to order at 0800.

- Minutes for the March 7th and May 2nd meeting were reviewed and approved by consensus.

Prehospital Care Committee (PHCC) Meeting Overview and Discussion (Bronsky/Angelidis):

- No content concerns for pediatric trauma destinations
    - Concerns were relative to organization, wording, and placement
- Agreement to work together between the two committees
    - Jayme to meet with Kim to determine process, input and collaboration between two committees (PHCC and EPC EMS MDC) and discuss at August meeting.
    - Present EPC EMS MDC meeting minutes at PHCC
    - Seek input and data from service lines (concerns were expressed about delays in feedback and data)
    - Can the PHCC hold meetings once per month? Meetings on the same day or prior to EPC EMS MDC? (PHCC followed by EPC EMS MDC)
- Trauma service line requests (UCH and Centura)
    - 1 - Want the adult and pediatric guidelines combined and consolidated
    - 2- Request to remove "provider discretion" from the trauma header as it is already stated in the document
- CHOC
    - OB patients don't go to CHOC
    - John Behler CHOC trauma lead provided clarification
    - STEMI – recommendation to use N/A as opposed to "yes" with discussion about the confusion of using N/A in the field (true vascular disease in the field will go to Denver).
        - All agree by consensus to have STEMI column remain "yes" for CHOC – considered critically ill patient
- Good conversation with UCH about upcoming CVA discussions:
    - 1- Request to use different pre-hospital LVO scale
    - 2- Request to officially change stroke window to 24 hrs

Pediatric Destination Guidelines (Bronsky):

- Draft Pediatric documents
    - Removed ages from the graph and placed in the highlighted box
    - Specific destination should be not be for ultimate care or definitive capability
    - Critical illness for pediatric patients
        - Unstable/Extremis (unmanageable airway, active arrest)– closest ED for stabilization
        - Graph represents facility capability (definitive care)
        - Language from DeWall – In extremis patients should go to the closest emergency department for stabilization. This chart is a guideline of definitive capability of care for patients however EMS discretion should be used in the emergency department destination of the patient based on patient condition and system resources.
        - Use the word "extremis" in place of unstable or critical
- Stein to send updated guidelines to UCH (Heather Finch) and Centura (Cecile D'Huyvetter) trauma reps for feedback

Breech Birth Destination Guideline Discussion (Banks):

- Recommendation that OB breech births should not go to Grandview
    - Deliver to hospital with multiple resources and numerous doctors even without specialty
- All agree by consensus that breech births should not go to Grandview

Intubation Attempts Guideline Discussion (Hakkarinen):

- Currently – 3 attempts with recommendation to move to 2 attempts and then place an IGel
- Adams – 3 attempts are important when working with students (2 attempts by students and then successful intubation by S. Adams)
    - Different techniques should be used with multiple or subsequent attempts
    - Detailed documentation on multiple attempts
- All agree by consensus to remain at 3 attempts in total

Miller Blade Guideline Discussion (Bronsky):

- Discussion to bring Miller blade back (only a City decision)
- Originally - Data decision, didn't want to train on multiple tools
- All agree by consensus to reinstate the Miller blade
    - Document reasons for selecting this blade for the intubation
    - Review case-by-case unsuccessful attempts

RSI Discussion (Banks):

- Post procedural sedation – largest issue (15 cases reviewed in CQI from last quarter)
    - Recommendation for Ketamine as preferred for induction and post procedural sedation
    - Versed, Fentanyl (drawing up two drugs lends to missing the sedation)
- Mandate co-pilot
    - Implement – 1 strike rule
    - Update manual
- Review of Medication Assisted Airway Management (delayed sequence intubation) – DeWall

- Keep all medications that are currently in the guideline due to drug shortages

Hospital "Transfer Data Request Letter" discussion (Bronsky):

- Request data monthly
- AMR historically provided all transfers and data was received through them. Other ambulances provide inter-facility hence the request from the hospitals
- Requesting from receiving and sending hospitals for cross check of data
- Data template spreadsheet development – Angelidis
- Letter to accompany spreadsheet - Bronsky
- Distribute to CEO, CMO, and/or COO
    - UCH
    - Centura
    - CHOC
    - AMR
    - CSFD

July 4th Meeting (McConnellogue):

- Cancel Meeting

Next Month's discussion:

- Evaluation of CVA (LVO score, bypass, etc.) (Bronsky/Hakkarinen)
- EMS and ER Survey
- Trauma Line Discussion

Meeting adjourned at 1010