El Paso County EMS Medical Director Committee
September 3, 2020
Summary Notes

Attendance:

Dr. Matt Angelidis	Yes	Dr. Brett Banks	Yes
Dr. Stein Bronsky	Yes	Dr. Jeremy DeWall	No
Dr. Tim Hurtado	Yes	Dr. David Hakkarinen	Yes
Dr. Eric Wu	Yes	Dr. Jessica Walsh	Yes
Kim Schallenberger	No	Dr. Bob Kelly	Yes
Nate Boyce	Yes	Jayme McConnellogue	Yes
Jim Buchanan	Yes	Sam Adams	Yes
		Mark Warth	Yes
GUESTS:			

Review and approval of Meetings (Jayme)

- August 6, 2020

Jayme McConnellogue called the meeting to order at 0800
September 3, 2020

Medical Student Introduction (Angelidis)

- Reschedule for October

Intro to Regional RETAC CQI (Angelidis/DeWall)

- Dr. Angelidis, Dr. DeWall, and Jeremiah Ahrens have 2 med students working with them to create a software platform for a standardized QA QI process. They would like to be included on these meetings and the CQI meeting. Next month will come in to walk through software platform and get feedback to standardize QA QI.
    - CSFD may not need this product however, other surrounding agencies have differing QA QI processes. Would like to be regional format. Dr. Angelidis and Mark will meet for information rundown.

Regional IV update and subcommittee brief (Angelidis/Bronsky)

- Divert Review Committee
    - Recently met after a one month trial of having no psych and alcohol divert.
        - Committee decided that a psych and alcohol divert are still needed.
        - Drafted a redo of the Zone Master Divert Policy for standard operating procedure that defines when a divert will happen.
        - Zone Master will be decided by charge nurse on where patients will go. This can be overridden by AMR based on ambulance availability.
- Healthcare Communications Committee
    - Regional decision to move forward with Pulsara.
    - Baseline concept moving forward is that Pulsara will be used as the main communication system in getting information to hospitals for emergency communication and pre-registration.

- Working with all hospitals and registration staff to solidify what is needed when crews are preregistering from the field.
- Children's will be more challenging since kids do not have ID's.

Inapsine Dosing (Angelidis)

- There have been some questions regarding management and dosing in Excited Delirium and Extreme Agitation cases with Inapsine. Current dose had a 60% success rate in July but some had to receive an additional dose or be given a different medication.
- Discussion on weight based cut off.
  - Pt under 100kg 5mg, patient over 100kg an additional 5mg.
  - Doctors agree to change dosing. Look proactive to change and address in Spotlight. Mark will make the change in guideline and send out to everyone.
    - Provide education to the crews on weight determination and difference in time of efficacy compared to ketamine and usually takes 7-8 minutes.
    - Looking at not combining pharmacologic agents at this time.
    - Message to give line is that you will usually reach for 10mg each time. Jim and Nate both agree that crews will most likely divert to 10mg.
    - Continue to look to see if pattern would persist in efficacy of use in Severe Agitation or Excited Delirium and success vs failure rate.
      - Dr. Hurtado stated that in hospital dosing of 5mg was successful 80-90% of the time.
      - Dr. Wu will research IV vs IM dosing.
  - Dr. Wu suggests that even if ketamine does not completely go away, another route of meds needs to be established if there is a failure rate with Inapsine.
  - Consider in planning how to optimize Inapsine as an individual agent apart from ketamine.

TXA (Angelidis/Bronsky)

- Research – Research paperwork provided
  - **Wu – Cons**
    - Possibly a patient population that TXA does benefit, however, could be considerably smaller
    - Risks with TXA if given to incorrect population
    - Does not think that it would be a benefit within the city with shorter transport times.
  - **Hurtado – Pros**
    - Data does support its use. Mortality improved in pre-hospital settings.

- Open discussion
  - Continued discussion on cost.
  - Scenarios - Prolonged extraction, wilderness extraction, HA rescue, more than just a load and go.
  - Dr. Kelly states the importance of time of injury to time of intervention, not just the time you hit ED door.
- Dr. Hurtado - How would this work in a system like ours?
  - Further discussions are needed for timelines such as hours since injury, call time and projected transport times to hospitals, etc.
  - Dr. Angelidis - Do we feel there is an avenue that trauma department should be conversed with for additional input?

        - Draft letter to trauma department asking about the certain population who this would have impacted. Supply how we think the patient would be treated.
        - Dr. Wu would also like a field trial with 1 gram given up front and then 1 gram on the way to the hospital.
            - Dr. Hurtado has no objections with a field study and will share previous trial data with Dr. Wu.
    - Dr. Bronsky asked how may actual encounters there have been or if patients are dying on scene due to prolonged on scene times.
        - Sam – Does not happen often, however, considerations within the city would be prolonged extrication on a TA or potential shooting victim where the timeframe can be increased significantly. Just because we are in the city there is a chance that the transport times are significant because of other circumstances regarding the call.
    - Dr. Angelidis – Do we have a way to get the data about the number of trauma patients from the time of 911 to the time of hospital?
        - Yes the trauma department should have data.
            - What number of trauma patients have a delay in getting to the hospital within 60 min?
    - Invite trauma to October or December mtg.

Whole Blood (Angelidis/Bronsky)

- Update on conversation with UCH/Centura
    - Initial conversations with Penrose/St. Francis about support for getting whole blood in the field is overwhelmingly positive.
    - Trauma is on board with the benefits of whole blood but concern with the cost. They are open to discussion to the process.
    - Both hospitals have whole blood field programs in place for flight.
        - Operational deployment on ground outside of the blood banks discussion on how and when this would be deployed.
        - Not a reality to place on every rig but has to be a smaller deployment to circulate.
        - Whole blood is very expensive and a finite resource.
        - The only way this type of program would work is if everybody participated and shares the financial burden. Do not want to create a procedure where there is no return for the hospitals.
            - San Antonio would be a good case study.
            - If the group feel like it is worthwhile, Stein will set up an outline on how it would benefit the community and then hand to the hospital systems.
        - Dr. Hurtado - How often would this be used?
            - Recent data shows whole blood usage on head injuries.
        - Additional discussions needed with data prior to presenting to trauma.
            - Mark suggested that someone reach out to the trauma line for data on frequency of use of whole blood.
                - Study from Anschutz was 30 times or more per month.
            - Dr. Kelly – Requested to pull data from CHCO on potential recipients and believe Jeremy is pulling data from Teller County.
                - Prior to COVID there was money to use for whole blood and these funds may come back. Dr. Kelly will look into if and when this money will be available.

        - Dr. Angelidis will draft a letter to be sent to the hospitals.
    - Dr. Bronsky would like to set up a virtual meeting with individuals interested in being part of a subcommittee to research and gather facts from previous trials of whole blood deployment.
        - Schedule on agenda for October.

- Data and outside agency guideline discussion

Adjournment

October Meeting:
Regional CQI Discussion/Overview (Hakk)

- Invite EMS Offices from Hospitals to next month's meeting

Pediatric BVM (Bronsky)

- Update – trial developed

AED Registry Update (Bronsky)