

Plains to Peaks Medical Direction Committee

August 7, 2025

Summary Notes

Attendance:

VOTING		NON-VOTING	
Dr. Matt Angelidis	Yes	Carrick Patterson	Yes
Dr. Stein Bronsky	Yes	Kim Schallenberger	Yes
Dr. Tim Hurtado	No	Dr. Kash Kaul	Yes
Dr. Eric Wu	Yes	Jon Edon	No
Dr. David Hakkarinen	No	Kimberly Harreld	No
Dr. Jessica Walsh	Yes	Kaylinn Hathaway	No
Dr. Bob Kelly	No	Aaron Williams	No
Dr. Sean Keenan	No	Caleb Hadfield	No
Dr. Jeremy DeWall	Yes	Mark Warth	Yes
GUESTS:			

Review and approval of Meeting Minutes

- July 3rd
 - Motion to approve Jeremy DeWall/Seconded Stein Bronsky

Pulsara update for combative patients (Matt)

- Request from UCHealth for additional heads up on patients that may require physical or chemical restraint with regards to the psych patient category.
 - This adds a flyer under the demographic for combative patients.
- UCHealth turned this on to add other patient identifiers. This has not been turned on for the city or any EMS agency.
- This is an ask from UCHealth hospital systems.
 - No field providers are in attendance today to give feedback.
 - FD/AMR meeting stated that we are currently struggling right now with getting compliance using Pulsara for STEMI and Stokes and our focus needs to be on those higher acuity patients correct in Pulsara before we start adding more.
- Physicians with other agencies, outside of CSFD/AMR, can take information back to their agencies and decide if they want this feature.
 - This requires an email to Pulsara with the request to turn this feature on.
- Additional education explaining how the narrative and audio patches can clarify information for the hospitals on patients who may be combative or need restraints.
- UCHealth is interested in the aspect of tracking these patients with tags. It is unknown whether this is tied to a grant or funding, however, Matt will discuss it with Nick. This

may be a way to quickly identify the number of violent patients in the ER and brought in from EMS. This will also prepare security for the arrival of these patients.

Chapter II (Mark)

- Addition and changes to Chapter II clarifications from the State.
 - CPAP – for EMT's and Bipap will be for PM's
 - Blood will be added to the acts allowed.
 - OG tubes for EMT's.
 - Unclear if TXA will be added to the acts allowed. – Stein was going to reach out to the state for clarification.
 - Jeremy stated that TXA is expected to move into scope for both epistaxis as well as hemorrhage, etc. This has been put on pause from EMPAC and CDPHE.
 - Working on getting community paramedic done since the CHIS licensing rules are opening up next month. Chapter II needs to be shored up so there are not conflicts.

Spinal Motion Restriction (Mark)

- Evident that the SMR guideline is not being followed.
 - Approx 40% of the time it is followed the way it is written.
- Will be added to the guideline revision committee meeting for discussion.
 - Guideline should be revamped or made that the guideline will be adhered to.
- Matt stated there are other places in the country that have gone from spinal immobilization or spinal motion restriction to rephrase to paramedic discretion or paramedic choice in their guideline.
 - This is a way to get around the lack of evidence supporting the spinal immobilization literature.
 - How do the other Medical Directors feel about making the guideline reflective of what is happening in practice which is paramedic discretion? We would still train and educate on when to put a patient in a c-collar. Educate to understand to do it the right way, consistently, or don't do it at all.
 - Matt will talk with Hurtado about a c spine pros and cons lecture.
 - There is quite a bit of evidence that c-collars cause harm with airway management issues, decubitus and occipital ulcers, patient discomfort and pain, etc.

Ketamine Dosing (Mark)

- Trend in system with dosing where providers are redosing Ketamine every 10 minutes. Our guideline states 20 minutes there is no statute in the waiver but does have a max dose per hour.
 - CQI committee discussed the possibility of redosing every 10-15 minutes, repeat as needed.
 - Seen in severe orthopedic injuries not general abdominal pain.
 - Jeremy states that this is not a good idea if it is going to be a regional guideline due to rural areas having longer transport times.
- Each region has access to OneDose can set their own guideline. Medical Directors for each agency can evaluate the change.
- If someone needs to give Ketamine every 10 min they need to document the reasoning.
- Recommended that the guideline be left alone and accept outliers as they come in. There are risks in confusion if providers work at multiple agencies. Stay relatively consistent with patient dosing.

Region IV Prehospital Care Committee meeting (Kim)

- Next meeting August 21st
- Zoom invite will be sent out, how to improve attendance and a broader spectrum of attendance.
- Carrick will bring a summation of the CQI meetings to the Region IV meeting.

OneDose App (Mark)

- Updates out with Geolocate and mapping.
- There was some med errors attributed to the app. When you click on a medication, it will give you options which would list the indication and some still have it's own drug profile which tied back into the drug and wrong dosing option were chosen resulting in med error. There were 5 drugs where the drug profile was duplicated.
 - Asking all agencies to double check the app.
- Mark will start working on the filter feature for each medication.
- The MCI committee is putting the job aids in the app for the Regional guideline.
 - Contacts for MCI portion will include consistent resource numbers.
 - Mark will contact Trent to collaborate efforts.

Whole Blood Updates (Matt)

- UCHealth has agreed to accept an IRB proposal and Matt will work with the Trauma service line research resident to help publish data to put together an article.
 - Whole Blood benefits, cost savings, waste reduction, etc.
 - Goal is to be published and to the National working group before May of 2026 when CMS meets to look at funding on Whole Blood.
- Clay shoot fundraiser raised approximately \$80,000, which is roughly 9 months of blood funding added to original plan.
- CQI meetings continue to demonstrate that importance of the program.
- Recently wasted 2 units due to a cooler malfunction.
- Delta Ice has a new feature that would geolocate whole blood, check-in and out whole blood, etc. Would the UCHealth foundation would support the annual cost?
 - Mark will set up a demo to discuss with Wendy and partners.

Whole Blood UPRAD (Matt)

- Live in Teller county and given blood to 2 patients. Both patients expired unfortunately.

Whole Blood Coordinator Position

- Approximately \$15,000 remains for Ally Ludwig's position which is approximately 8 months of funding.
- Is this a position we need to keep funding?
 - Mark indicated that Ally works with the hospitals to receive data which helps tremendously. Mark believes that that data we get is important and worth her time in that position.
 - Most communication Mark has is between agency and agency including site visit.
- What can we do to make the position more effective?
 - Ally has introduced herself in Security, Fountain, etc. and let them know she would be willing to help build their program.
 - There is no movement or expansion at this time.
 - She understands that our goal has not been met yet.
- Matt has the potential to use her during research. We can table this until after the research is completed.
 - Relook at it after the research meeting on the 13th.
- Foothills RETAC received a NHTSA grant for Clear Creek and Grand Counties. She has been looking into funding as well.

M-0.5 Update (Stein)

- Last item worked for City of Colorado Springs is the collective rollout for all agencies, CSFD, CSPD, and AMR. PD is developing their training and education.
 - This is anticipated within the next couple of months.

Plains to Peak RETAC update (Kim)

- Financial Symposium coming up.
- RETAC is supporting Jason Riker's project to do a tactical TEMS course as a regional program.
 - 24 slots available
- With the EMS grant, EMS liaisons need to be invited to one of the MDC P2P meetings every year. These individuals will be invited to the September meeting.

Pulsara Update – (Kim)

- Pulsara has been approved by joint budget committee to fund it through the 911 enterprise fund but there has to be legislation to make that happen. This didn't happen during the legislative session but there is potential it could happen during the special session but unlikely. Pulsara has agreed to stay on through September 30th. If we are not able to come up with funding it would remove the Med ops portion. Kim working with group at state including OEPR and Pulsara, working to try to get funding in place. How can it be funded the last quarter of 2025. Kim will reach out to the facilities for some options.
- Med Ops would include pricing for bands and would cost \$.
 - CSFD still has 20,000 bands.
- Discuss any potential changes to the bands prior to reorder.
 - Snaps have been problematic. Ask for other options.

225 Task Force update

- No updates
- Meeting next week.

Cardiac Destinations

- Inquiry about STEMI patients between UHealth and CommonSpirit and not as many patients were being transported to CommonSpirit.

- The CQI committee had discussed the EMS liaisons reaching out to patients after visits regarding reason for destination.
- MDC has agreed to hold a executive session to discuss this further.
 - Hospital administration will be invited to the September meeting.

Adjournment