

Plains to Peaks Medical Direction Committee

December 4, 2025

Summary Notes

Attendance:

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

Review and approval of Meeting Minutes

- October 3rd
 - **Motion** to approve (Angelidis), second (Bronsky) – none opposed. Passed
- November 6th (Cancelled)

New Business

- Bylaws Review
- Membership and election
- Transportation Destination Guidelines (Stein)
 - Grandview for behavioral health
 - Opened and said predecessor committee had to take psych because status of ER in the system/ same with St. Francis Interquest (SFI) although theoretically the operational reality is really not operationally feasible and takes up too much of their staff and don't have the resources. Have to do everything virtual. Take them off destination guidelines for psych patients. Conversation centered around Grandview but would be appropriate to also include SFI. Probably would not work out well if hybrid.
 - (Kash)- Safety issue which primarily revitalized the discussion. Facility ownership is the primary factor but also on the med directors to manage the patient sub-group for safety.
 - (Caleb)- Extremist case that we'd consider transporting? (Stein) it would be a yes no and physicians can override if you can't make it to the next hospital but not translated into psych language. Would need to be an

eminent death situation needing immediate care no different than any expectations for the hospitals.

- (Stein)- is it ok to make this clear to the agencies up north that it would still be ok to bring a patient to SFI? (Matt) gets confusing but also agree, not sure how to make that work effectively for providers.
 - (Tim) can change guidelines to reflect this change for the agency. What is the root cause? ER can't handle or we need a change in EMS? Grandview and SFI are pretty similar so why would we do it differently for Grandview, difficult place to put the meds into.
 - (Kash) personal experience that played out as the ER's inability to effectively manage the safety of patients and the staff. Weather its association bias or not there were further incidents that have occurred. Can we create a call in?
 - (Matt) The hospitals should be yes or no
 - (Stein) Don't want to muddy the waters too quickly with creating exceptions and cause more confusion. Avoid questions like: how could you bring us this patient? Needs to be black and white. If we offer the opportunity to Grandview then we also need to offer to SFI but if SFI doesn't not want it then they can maintain current guidelines.
 - (Dave) Believe SFI wants the psych pts. Their volume is primary AFA and rehab facilities in Monument, if we ask then they'll probably say yes.
 - (Stein) can engage conversation with SFI. They struggle with volume so probably will want every patient that they could get. We can change in future if things change. (Tim) agree with the idea to offer the opportunity to keep psych. It's reasonable to put it back into the hospital systems lap for decision. (Matt) fine with me Grandview and SFI don't have to be the same.
 - **Motion-** (Angelidis) Grandview is approved for the destination change of removing rotation for receiving EMS psych patients. We'll reach out to SFI and offer the same.
 - Second (Hurtado) - no further discussion and none opposed motion.
 - Approved with unanimous vote (7 for ; 0 against)

Old Business

Region IV update (Kim)

- Prehospital Care Committee - none

Whole Blood Updates (Matt)

No major updates with regard to blood, since inception CSFD has treated 168 pt with 148 survivors. Waste is one unit in field and hospital waste has gone from 14-15/monthly to less than 5/month demonstrating efficiency. State collocation is looking into control for state wide blood management, ability for one clearinghouse and move blood around that is about to expire. CSFD recently participated in an AABB certified transfusion service meeting and suspect certification will be the future.

Whole Blood UPRAD (Sean)

AABB allow a centralized certifying body so we can group certification. Also don't want to tie blood to a specific hospital system.

Teller has administrated to six patients in the field, one has died and other did well. For organizations looking to expanding, it's demonstrated that as few as 1-2 units started in the field, pts are responding to treatment. Even with really high shock index its remarkable turnaround and crews are excited for advancement for unexpected survivors. Having whole blood access at Pikes Peak Regional is a benefit and they also administered to six patients for a total of 12 patients receiving blood since beginning.

Plains to Peak RETAC update (Kim)- none

Pulsara Update – (Stein)

Movement to get the communication committee back up, look to revamp agreements with what info is send to registration.

Group notification for metro area hospitals as opposed to selecting each hospital for MCI events and activations.

225 Task Force update (DeWall) - none

Roundtable

(Stein) out of country until January 8 and Matt will be taking over anything critical so thank you.

Next Meeting January 1, 2026 (virtual due to the holiday)

Adjournment