

Plains to Peaks Medical Direction Committee

February 6, 2025

Summary Notes

Attendance:

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

Review and approval of Meeting Minutes

- January 2, 2025

Review of proposed by-laws update (Carrick)

- Dr. Stein Bronsky made a motion to accept the updates as presented. Dr. Jeremy DeWall seconded the motion. Motion Passed.

OneDose App (Mark/Kim)

- Kim updated the group on the implementation of the OneDose smart phone application to host the regional clinical guidelines.
- Chief Patterson will work with Kim on the participation of CSFD in the project.

Guidelines (Mark)

- Trauma guidelines
 - Miscellaneous guideline was removed and components were reworked into trauma and more applicable existing guidelines.
 - Mark will send updates out to everyone
 - OB guideline – OB emergencies that would include HTN and eclampsia.
 - Stein lead conversation - There are a lot of ways to do this. A large national EMS conversation is going on. This meets everyone's requirements and conjunction with OB associations.
 - Send it out to everyone?

- Thoughts – Our areas in CO in general don't carry the med that treat, just mag for seizure. Trend consideration to administer mag prophylactically. National OB Associations are having conversations regarding igels and putting that in their guidelines but medications like Labetalol, Hydralazine, and Nifedipine are not new information for physicians.
- This would require a Novel waiver request to the state.
 - Apply for all three and then have agencies decide.
 - It might be easier to just use Nifedipine. Assumption that IV meds will be used first. Nifedipine probably works better and may be considered a front-line med not a prophylactic.
 - Seizing and giving mag are we circling back and treating HTN. So back into IV meds. Traditionally Labetalol is still number one to go to but not in front of hydralazine. Does it really work well with HTN. Just questions and the following
 - 1) Need protocol – no one's turned in a waiver
 - 2) How do we
 - 3) Mag only for seizures or prophylaxis
 - 4) What order do the meds need to be administer
 - This will be sent out for feedback from the physicians
- Guideline questions from physicians –
 - Will this be one patient or two separate patients in guidelines.
 - Nifedipine would it be BLS?
 - Mark will send out the national draft in one pathway and combine everything. Recommendation is to use Mag for prophylactic and seizures.
 - Caleb agrees with one guideline to alleviate concerns
 - CommonSpirit pathway and Hydralazine up with Labetalol right up at top as front line.
 - DeWall asks if a letter of support for the benefit from fetal medicine (MFM) is what we want.
 - Stein communicated that OB has been involved in discussions.
 - Jessica asks if Nifedipine is appropriate for Basics?
 - Education is lacking for basics
 - DeWall- AEMT might be more appropriate and possible same as BENZOs for rural

- Mark asked - one question not giving fluids for inferior wall MI's – add vascular box to push fluids?

Chapter 2 State Guidelines (Kim)

- The state clinical scope guidelines will be open for review by the EMPAC.
- Kim noted that all of the RETACs will be discussing options in early March
 - Kim asked medical directors to advise of any recommendations
 - RETACs trying to collaborate on requests
 - May be a request to move Whole Blood into scope.
- Initial recommendations by the group
 - Mark Warth suggested that TXA should be taken into consideration for acts allowed. Stein- doesn't hurt to ask.
 - Aaron Williams asked for consideration of IV Tylenol to be added to EMT-IV scope
 - Aaron Williams also asked for consideration of Droperidol changes
 - Dr. DeWall stated the NAEMSP Colorado Chapter will be recommending ending all verbal orders and changing novel waivers to a five-year limit prior to inclusion in scope.

Whole Blood Updates

- UCH Parkview in Pueblo will be supporting AMR to go live with prehospital whole blood soon.
- Statewide group is considering funding options going forward to include grants and registrations fees for cars
- Ambulance services can apply the ALS2 charge for whole blood administration but don't get full reimbursement.
- Kim will be working with Ally Ludewig to consider options for expansion of the program in the region. May consider the Security/Fountain area as a best option. Dr. Wu agrees.
- Dr. Keenan working with UCHealth in Teller County to begin the program with by May 1st.

Neuro CQI (Stein)

- Looking for program data points, UCHealth brick and motor, CommonSpirit and Mobile Stroke
- A few months ago, Neuro came up with deliverables, but it didn't work out so well. The data points were confusing. The shared sheet represents the pertinent bullet points that would represent deliverables.

- Propose to distribute this data for the last few months and then set up a quarterly CQI check in. Neuro would come and systematically share their data points in an open CQI format. The bottom part of the shared sheet is for EMS and sending out to field's agencies for gathering information.
 - Chief send out invite and set up quarterly meetings.
- Will serve the community better. When this is not out in the open questions arise, but this will help with transparency. It's really important that mobile stroke is part of this process.

AED Registry Update (Stein)

- Reminder: Avive agreed to gather our community information and then deliver a community assessment for Teller and El Paso County. They have completed the project and are ready to present. Once the assessment is available then we can take further action. Overall picture is to assess gaps. Avive has network capabilities that other companies do not have and we are under no obligation to use them or purchase their product, however as we move forward as a community we need to start looking at companies that we can buy AED's from to fill the community need.
 - Dr. De Wall is working with Pulsara and pop up a code summary where you can scan and receive.
 - Extend invite for Kate to come into town.
 - No one is currently taking ownership and gather community players. Invite to region 4 meeting Feb 20.
 - Get in front of law enforcement, community partners, cities themselves and county organizations. City/county government and CSU- public works vehicles? City transit?
 - Meetings and presentations
 - Then hit up private business (for-profit businesses) and financial sponsor AEDs in the community.
- Zoll Outcomes Workshop (March 4th) General feedback and product feedback

M-0.5 Update (Stein)

- Region wide they are available and state has requested that we start using them.
- Carrick said, City is holding for law enforcement, fire, and EMS coordinated effort.
- Stein communicated that nothing is preventing other agencies in the region from immediately launching the process.

Plains to Peak RETAC update (Kim)

- Email invite yesterday to the community and opportunities for training and advocacy (insert the email)
- RETAC able to pay for travel, registration, and lodging, funding currently not there forever but working to get people involved.

Pulsara Update – (Kim)

- State level moving forward, no state funding confirmed yet
- Plains to Peaks RETAC has paid for the first quarter of 2025 for the MedOps portion

Region IV update (Kim)

- Next meeting is in person on February 20th at the Kid's Kare building. (same day as MDES meeting)

225 Task Force update (Jeremy)

- Workgroups meeting on the 12th from 1-4 pm getting together the latest document regarding recruitment and retention. By law, this report must be available to legislators in September 2024 but has not been released.
- Dr. Bronsky shared that community paramedicine legislation is sunseting and Tim Dienst with EMSAC wrote a comprehensive proposal for legislative consideration. This prompts significant rule changes.
- EMSAC community stakeholder meeting this afternoon. One of the major requested changes in the legislation is to allow for delegated authority for community paramedicine.

Adjournment

Stein