

Plains to Peaks Medical Direction Committee

March 6, 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	Harold Smith	No
Dr. Jessica Walsh	Yes	Kaylinn Hathaway	No
Dr. Bob Kelly	No	Aaron Williams	Yes
Dr. Sean Keenan	Yes	Caleb Hadfield	No
Dr. Jeremy DeWall	No	Mark Warth	Yes
GUESTS:			

Review and approval of Meeting Minutes

- February 6, 2024
 - Motion to approve Stein Bronsky/Seconded Jessica Walsh
 - Motion passed unanimously

Medical Directors

- Define imminent arrest (trauma patients) Finger Thoracostomy waiver guideline
 - Patient presenting with obvious shock.
 - If no intervention, the patient would deteriorate or go into arrest.
 - Signs of massive hemorrhage. Define tension pneumothorax
 - AI defined imminent arrest as follows:
 - In the context of trauma, "imminent cardiac arrest" means a patient is showing signs of rapidly deteriorating cardiovascular function, indicating that a full cardiac arrest is about to occur due to a traumatic injury, often characterized by severe hypotension, decreasing level of consciousness, and other vital signs suggestive of impending circulatory collapse
- Define Finger Thoracostomy (disqualify if patient is awake and speaking)
 - Define intubation that does not require RSI which would be the same concept.
 - Unconscious, unresponsive to painful/noxious stimuli would not be perceived by the patient due to their hypertension.
 - Mark will get these drafted and has sent this out for further discussion and finalization of definition.

OneDose App (Mark)

- Mark is working with Michael from OneDose.
- CSFD will not be participating with the Regional section but looking into an isolated account.
 - Solidify cost
 - CSFD is evaluating 2 different modules with IT, procurement, etc.
 - CSFD and AMR may be able to split the cost. If this is unattainable, CSFD will go with the lesser version of the app which is approximately the same price as the current app.
 - Going with RETAC would not give CSFD administrative capability. It would have to go through Trent at RETAC to help manage that. He also works for CSFD.
- UPRAD went to OneDose but not using it yet.
- Current app expires in August.

Whole Blood Updates (Matt)

- Hospitals in Colorado Springs have moved to using Whole Blood as its Emergency release product. All ER's on the UCHealth side can have Whole Blood given by ER doctors in the ER. This is an expansion to help reduce waste.
- Getting close to putting Whole Blood at Pikes Peak Regional and Ute Pass, optimistic that before May they will be transfusing blood in the field and at the hospital.
- Vitalant has raised the prices of whole blood by \$100. UCHealth and the legal team is in the process of negotiating with them. This impacts our program with the UCHealth Foundations and our donors and increases the estimate by 15%.
- Is it being discussed to go to a different vendor if they continue to raise the price?
 - There is a system level contract on the UCHealth side that would need to be modified. Agreed to purchase product from Vitalant at a certain percentage.
- 2nd blood donation event at station 19 had a good turnout. Approximately 35 to 40 units.
- Trying to get a donation event at EMSAC.
- Pueblo goes live with Whole Blood July 2025. They have adopted our process. AMR will carry blood there.
- Adams County Fire met with CSFD, did ride alongs, and met with the blood bank, they will start January 2026.
- West Metro is coming down and interested in partnering with a local hospital.
- Free standing ER

- Administration directed to exercise 911 normal response to the free standing ER's if they need a blood response and we will send what we can when activated.
- CSFD will not be sending resources to Fountain and Security but will be available within the City proper.
- Admin at CommonSpirit will most likely be engaging in some quick conversations regarding how to help out with the greater Whole Blood project. This would not impact the City operation but help expand passed the City. Goal is to have a process with how this is rolled out to the county.
 - Tim and Stein had a conversation from admin how they can participate in Whole Blood.

Whole Blood UPRAD (Sean)

- Waiver was approved for blood products. This is a standard waiver now.
- Hope to go live in May. Training the Pikes Peak Regional Hospital staff on accountability and how they will do it. By pushing it through Pikes Peak Regional Hospital, it is making Memorial hospital look at how they use blood fundamentally and the economics behind it.
- 2/3 to 80% of the budget is reimbursed in the blood bank. Blood bankers may balk at the cost. UCHHealth is going back to the supplier and discussing pricing. The greatest hurdle is the business behind the products and how to get reimbursed.
- It will be helpful for CommonSpirit to come on board to help share the burden.
- Memorial foundation has stepped up and is creative on how it can be paid for.
- Carrick stated that this is certainly on his radar regarding the sustainability being a concern at over \$100,000 a year for blood product for just our City. This is over what the Medical Division budget is or anything that the department can handle.

AED Registry Update (Stein)

- Avive completed the community assessment and briefly presented.
- Going to different organizations to distribute the information and ask for financial help.
- There are 2 fronts on this project.
 - Municipal and Public push is to fill AED's into the system where they are lacking.
 - Law enforcement would be considered part of the public sector.
 - Private sector push would be to get finances to provide AED's into homes where there are currently high cardiac arrest rates. Several cities around the country have piloted programs like this.

M-0.5 Update (Stein)

- Is anyone else in the region moving forward or standing this up?
 - North county is not, there are too many legal issues.
 - Eastern plains and parts of the south regions there is no forward progress yet.
 - Teller county has been using this over the last year with success.
 - Fountain – Law Enforcement does it.
 - Regions are broken up by the Law Enforcement agency who will set the bounds.
- City waiting on legal and PD. We are ready when they are. AMR, CSFD, CSPD, and El Paso County will launch this project.

Plains to Peak RETAC update (Kim)

- Next meeting April 17th.

Pulsara Update – (Kim)

- Continuing with Pulsara and the State to get funding for Med Ops. The RETAC cannot provide another quarter of funding. Hope to have direction by the end of March.

Region IV update (Kim)

- Stein gave updates on the guideline updates.
- Pediatric Stroke destinations was discussed at this meeting. Neuro services at the 2 adult facilities were pressing that any pediatric strokes be taken directly to Children's Hospital. It was mentioned that all Emergency departments can take care pediatric patients if they have to. It was made clear that unless there is an airway issue, the patient should be taken to Children's. This does not change any of our regional destination guidelines.
- Movement at state level to revamp the rules on community paramedicine. This will have some relevance to some and not to others. Original rules that were written at least 7 years ago are sunseting. SEMTAC and groups lead by Tim Dietz and Jeremy DeWall are at the state capital getting sponsors for new language within the bill that will expand the ability for EMS agencies to participate in various types of community paramedic programs. It will not force anyone to do it but will open doors with the first round was extremely restrictive.

Roundtable

- Kash

- Matt reached out for a pilot project for the state. National disaster for Regional Medical Office command pilot project. This has already been done in San Antonio by STARC but they want to expand it to satellite sites around the country. Denver was selected as one of the sites and in turn identified Colorado Springs as a spoke in the Denver hub wheel due to the fact that we have military basis, level 1, level 2, and level 3 hospitals. Project is to manage flow of large scale combat operation resulting in 1,000 casualties per day for 100 days entering the United States. This would help distribute the casualties around the country to get to the appropriate level of care they would need, tracking the patients, what resources would be needed, State level, Regional level, communications.
- Meeting in Colorado Springs next week. At this point we will help identifying what is needed and what communication infrastructure is needed to set up. If a lot of the casualties would enter Colorado Springs they would likely enter through the airport. What resources would need to be provided to move the patients. Kash may reach out to others within the group for input.
 - This is a RETAC level ask.
 - Include Keenan on the communications.
- Mark
 - Point of care ultrasound waiver on the approved list is now gone. There was mention that if this was going to be used for cardiac evaluation, they would need 25 ER views precepted by a physician. Mark is trying to confirm this. This would make it almost impossible for CSFD to use ultrasound for providers and each apparatus.
 - Called and left msg with Mike.
 - Matt sent an email from Angie Wright who will send info today. She stated that it is a work in progress but not formally decided. Will follow up with Mark. There is an avenue where we can send our medics with an ultrasound tech, potentially coordinate. This may not be 25 scans but closer to 15 to 20 range.
 - If we have to send our medics to the hospital, they have to be paid either shift paid or off duty paid. We cannot take our medics off the line to do that and we cannot afford the overtime.
 - Currently our small work group is getting more confident/comfortable with the ultrasound

- Carrick
 - Would like to do an agenda clean up by adding recurring or removing items for the best use of time.
- Adjournment