

Plains to Peaks Medical Direction Committee

September 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	Yes
Dr. Jessica Walsh	Yes	Kaylinn Hathaway	No
Dr. Bob Kelly	Yes	Caleb Hadfield	Yes
Dr. Sean Keenan	Yes	Mark Warth	Yes
Dr. Jeremy DeWall	Yes		
GUESTS:			

Review and approval of Meeting Minutes

- August 7th
 - Motion to approve Jeremy De Wall/Seconded Matt Angelidis

PM Advisor Positions (Carrick)

- 2 active applications for review & vote
 - Dr. Angelidis made a motion to put out a notice through the EMS liaisons' offices and RETAC for transparency purposes regarding the open Paramedic advisor positions. This was seconded by Dr. Hakkarinen.

Cardiovascular Community Discussion (9am)

- Executive session minutes recorded separately

OneDose App (Mark)

- OneDose performs audits on the application periodically which demonstrated drug errors on CSFD side. These have been resolved.
- Mark has reached out to Trent Taylor to work on the adult dosages.
- Mark has a meeting with OneDose tomorrow to discuss organizing daily alerting to help control PediPart days, etc. This will be beneficial for multiple notification applications that run continuously.

Whole Blood Updates (Matt)

- Officially gave 1st units of RH+ to a female of childbearing age who wants more children. She will come back to UCHHealth for 2nd round of testing. RhoGAM was not given due to potential risks.
 - Dr. Keenan suggests that a policy be put in place prior to receiving another RH+ patient. Dr. Kennan will contact the THOR group about their policy.
- Dr. Walsh asked is there was a mechanism to do rendezvous for a patient in Fort Carson.
 - Currently there are no procedures on rendezvous. There are some legal issues with sending providers outside of the city jurisdiction.

Whole Blood UPRAD (Sean)

- To date there have been 4 patients with 5 units given. Last patient was a motorcyclist that crews rendezvoused with the blood unit and patient was saved.
- There are 2 units on ambulance and 2 units at Pikes Peak Regional Hospital.

AED Registry Update (Stein)

- Recap
 - Community assessments have been completed for many tiers for the AED projects that extend into El Paso and Teller County.
- Funding
 - Next steps are to move forward to procure funding due to this project being so large and has a potential of costing a few million dollars.
 - Starting to have conversations with the UCHHealth foundation and CommonSpirit regarding funding.
 - Private, for-profit entities that are non-medical are not off the table for funding.
- Ownership (This project is not owned by anyone)
 - The 911 authority cannot take ownership due to funding.
 - Public Health in Teller stated they will take that on for their region.
 - Working with RETAC for the housing and ownership of this project.

M-0.5 Update (Stein)

- CSPD is very close to finalization.
- Dr. Hakkarinen stated that CommonSpirit had CSPD put a person on a 0.5 the other day. Carrick will check with the command staff at CSPD as the hold has not gone live yet.

Plains to Peak RETAC update (Carrick)

- Next meeting will be virtual on October 21st.
- EMS financial symposium September 24th-26th at the Double Tree Hotel. RETAC has positions to sponsor spots for the symposium.
- RETAC has discussed Dr. Keenan's blood education course. There was a grant from the Healthcare Coalition for the five regions and a one day blood course for EMS was put together. This course covers everything from EMT's up through ALS transport, controlling bleeding, tourniquets and tourniquet conversion, and where blood fits into the whole thing.
- Escaping violent encounters was discussed.
- SEMTAC next meeting October 9th & 10th in Steamboat Springs.
- In the RETAC meeting, the lessons learned and highlights from the neurovascular and cardiovascular CQI committees. This helped get more prehospital involvement from around the region.
- Kim will continue to work on messaging and try to get attendance up at the RETAC meeting.

Pulsara Update

- UPRAD was contacted about an MCI exercise on Sep 30th. Penrose has chosen to be involved but UCHealth has opted out. This is a great opportunity for Pulsara and the communications piece. This will be a test on how this will strain the hospital triage system. Intent is to overload the hospitals with an influx of patients.
- Pulsara Bands cost went up 50%. They are currently \$0.15 per band. They are not available in a different click/snap mechanism.
 - May look at a different vendor for snapping issues.
 - Caleb from AMR and Jon from CSFD stated that there is not an issue with snapping the band.

Chapter 2 update (Jeremy)

- Additions
 - Adding beta blockers into scope.
 - Other looks are for Whole Blood, TXA, Ketamine are still being pushed to be put into scope.
- Critical care task force
 - Community Paramedic has big changes that EMPAC has accepted. This will allow any level of provider, EMT and up, that does community paramedic endorsement

to get boarded and be able to function within the community paramedic agency they have. There will be separate tables for each of those that clearly define the scopes.

- Community paramedic, paramedic level is essentially going to delegate authority with the wording that was put in without saying delegated authority. Allowing any interventional test procedure, infusion, injection, etc. as long as it is approved by the Medical Director and the training has been completed and validated.
- CIHCS rules opened up
 - If you are interested in your agency being on that, they are looking for agencies to do it.
 - Meetings will be every month until May of 2026.
 - Big EMS focus.
- Legislative
 - EMSP has a national bill that is being worked on. It can be found under advocacy on their website. This has to do with Medical Direction, Quality Management, and reimbursement for blood products.
 - This can be sent to the legislators. They have to have bipartisan support to be able to move to the committee.
- September 3rd the American Paramedic Association and American College of Paramedics put out a statement, regarding NEMSAC that got disbanded, recommending federally that when this is redone, they only have voting members that are EMS clinicians (EMT, AEMT and paramedics). They are pushing the pressure that there are not medical directors and no physician oversight anymore.

Rural Health Transformation Program (Jeremy)

- \$60 billion over the next 5 years as a part of cutting Medicare/Medicaid funding in the Big Beautiful Bill to try and stabilize rural EMS.
 - States have to apply for this. The definition of rural is relatively vague like outside the metro districts.
 - State has to submit in their application within 2 weeks. The bill specifically says prehospital care/emergency treatment. This will probably not go to traditional EMS but may be an opportunity for programs being added to rural areas for novel programs, whole blood, treatment in place, or community paramedics.

- If each state gets an equal amount of money, this would be \$100 million a year for 5 years. This would be \$10 million per year for EMS. This is a pilot program to see how rural patients can be cared for.
- Plans must be in by December 31st. There may be an opportunity to politically influence whatever Colorado Authority has been delegated.
 - Ad hoc committee
 - RETAC would be a good entity for this committee.
 - Look at opportunities like drone delivery.
 - Get the state to put wording in for prehospital.
 - What does this look like and how does the funding get to the rural agencies and not just to the hospitals.

RMOC Project (Kash)

- Moving to monthly meetings.
- ESF8 looks like it will be championing this with the dissolution of the Healthcare Coalition. If it has to be stood up, it will most likely be at PPROEM but the ESF8 individuals are working closely with Teller OEM. They are making sure that across the state that this can be used and figure out how to get to a protected and funded EMT app platform. Discussion now is moving toward something like ESF16 which would house the EMT app. The roles are being delineated. There are job action sheets that are being written for people that are not familiar with the process.
 - One of the major holes in is Medical Direction oversight for transport when it happens.
- This initiative would benefit from regional trauma systems management.
 - Funding and legislation would be needed.

Adjournment