

Plains to Peaks Medical Direction Committee

September 3, 2026

Summary Notes

Attendance:

VOTING		NON-VOTING	
Dr. Matt Angelidis	Yes	Carrick Patterson	Yes
Dr. Tim Hurtado	No	Kim Schallenberger	No
Dr. Eric Wu	Yes	Cameron Halverson	Yes
Dr. David Hakkarinen	Yes	Ginger Flynn	No
Dr. Jessica Walsh	Yes	Kaylinn Hathaway	No
Dr. James Brown	No	Caleb Hadfield	No
Dr. Sean Keenan	No	Mark Warth	Yes
Dr. Jeremy DeWall	No		
GUESTS:	Dr. Emily Smith		

Introduction

Dr. Emily Smith – UCHealth

Review and approval of Meeting Minutes

- August 6, 2026
 - Motion to approve Matt Angelidis/Seconded Jessica Walsh

Pulsara (Mark)

- Mark had a good discussion with the development team regarding the airport exercise.
 - Auto ability when a driver license is scanned that an image icon comes up to automatically take a picture.
 - This is in the works and should be done by the end of the year.
 - They are updating the demographics to include everything from the driver license to transfer to Pulsara.
- Other things being worked on:
 - Rebuilding the overview to read better.
 - Consult framework: Currently 11 clicks to get to a physician consult.
 - MCI rebuild and tag hospital systems.
 - MAAM
- Encouraging to use Pulsara intelligence.
 - This solves a lot of the issues that come from audio patches, etc. Mark has the demo site to see how providers like it.

- Discussed a sub type selection and/or changing patient types for a primary and a secondary tag. They will look into it.
- Mark will try to do regular meetings with them.
- South Central Healthcare Coalition had a meeting last week and will be running a large scale MCI the Spring of 2027.
 - Will demonstrate the functions of Pulsara.
 - Active shooter scenario with a lot of patients.
 - This will be through the RMOC, ESF8, and the Healthcare Coalition.
 - Things to consider at the large scale exercises:
 - Do not have enough devices.
 - Need better devices.
 - Gtacs are located too far away. Need better devices
 - Work with Kim and Ginger regarding connectivity in the rural area.
 - Rural agencies may have grant opportunities to pay for devices.

Whole Blood Updates (Matt)

- Ready to expand to other agencies
 - \$250,000 to buy equipment and start a program.
 - In the process of putting blood in Security.
- Cold blood trial
 - The current CDU's (warming devices) have issues.
 - No objection in getting rid of the warmers.
 - All data includes hypothermia is centered around resuscitation around crystalloids.
 - Pull additional information from hospitals, coagulation factors and times, R times, etc.
 - Trauma leaders to pull for patients getting warm blood and if cold is trialed pull data and compare.
 - Matt and Dave will discuss this with their respective hospitals.

Whole Blood UPRAD (Sean)

- UPRAD is currently using it, not as frequent, but showing positive outcome.

Plains to Peak RETAC update (Kim)

Pulsara Update – (Kim)

- MCI module fiscal payment has been made by the RETAC through June of 2027.

225 Task Force update

Roundtable

- EMPAC
 - Has state level meetings over the next couple of months.
 - One working group is centered around Behavior Health patients on chemical and physical restraints and trying to develop a multi-disciplinary, multi-agency agreement on how to deal with these patients.
 - Specifically looking at law enforcement and EMS interactions around these violent and dangerous patients and what is expected as a state.
 - Matt will participate in that meeting and encourages anyone else who is interested to join.
- Medical Direction
 - Stein is officially gone as of last Friday.
 - Tim will not accept the position that Stein left.
 - In process of talking to UCHealth to expand hours for Matt.
 - Continued discussion with CommonSpirit to find someone to step into those hours.
 - Biggest issue is to get the CommonSpirit hospital system to buy into EMS and make it economically viable.
 - The Plains to Peaks Medical Direction Committee will draft a letter identifying how medical direction is important across the board across and the region and essential that both hospital systems are involved.
 - Matt will draft a letter with Chief Patterson
 - Letter will be sent to the committee for review prior to being sent to CommonSpirit and EUSACS.
 - It is important to understand that this committee is a very collaborative and a successful model to deliver good healthcare to our community. If they are unwilling to collaborate it is bad for all of us. It would be catastrophic if CommonSpirit did not continue to support EMS in our community.
 - Critical that while Dave and Tim are still with CommonSpirit that they continue to stay engaged. We need more conversations during this time, not less.

Guidelines

- Guideline meeting tentatively scheduled for October 27th @ 1pm
 - Ketamine will stay waived
 - TXA will be in scope
 - TXA for epistaxis will remain waived for EMT's
 - OG and NG will be in scope for EMT's
 - Antibiotics will be in scope
- Carrick will reach out to Kaylinn and Ginger for their perspective from the North, East, and West.

Adjournment