

Medical Direction Committee Meeting
DRAFT Minutes
November 6, 2008

Members Present: Jack Potter, MD, Chris Turnbull, MD, Mark Pierce, MD, Pat Pope, Eddie McClellan, Tracey McLaurin, Wayne Dodson, Larry Oliver, Tami Catlett, RN, and Ron Stickley (via conference call).

The meeting began with discussion on agenda item #3, Protocol revisions since Ron Stickley is connected by conference call. Ron Stickley reported that his revision has been completed and needed Medical Direction Board review. He recommended that one physician review the protocols with him before the revisions are sent to the Medical Direction Board. Dr. Grant was selected to meet with Ron for the review. Dr. Grant requested a complete copy of the recommended revisions and a current copy of the protocols. Eddie McClellan asks that the review be completed before the February 2009 Board meeting.

Ron Stickley spoke with Mike Berg, OEMS, by phone on November 5, 2008 regarding the Experienced Provider Orientation Precepting. Mike commented that providers could precept another provider at the same certification level or lower. A provider could not precept over his level of certification. If the Medical Direction Board wanted to create or authorize a program that allowed trained providers to “orient” an experienced provider on the procedures used with the Lord Fairfax EMS Council, the Medical Direction Board does have the authority to allow this type of program. According to the OMD contract, there has to be a mechanism of reporting issues to the OMD if a provider has a complaint against another provider regardless of level of certification. Ron has requested his decision in writing since Mike was out of the office during the phone call yesterday. A five call orientation for released providers from another jurisdiction was approved by the committee. It was noted that an agency can require a longer orientation period if they deem necessary. The committee asks that the original document that Dean Grubbs developed be sent out to the Training Committee for any new revisions.

Ron reported about the current issue with the Lidocaine and the EZIO storage bags. According to the Virginia Board of Pharmacy, providers are not permitted to do a one-on-one exchange. OEMS does not enforce this issue since the issue is a compliance issue with the Board of Pharmacy. All drugs should be in the yellow or orange boxes and exchanged in the emergency department or hospital pharmacy. Larry Oliver reported that other areas in the state do a one-to-one exchange. Pat Pope reported that the pharmacy says the orange box is time consuming to recheck. Jack Potter suggested that the hospitals prepackage an IO needle and Lidocaine in the Pixes systems. Dr. Potter suggested getting copies of other jurisdiction’s pharmacy policies. Larry Oliver said he will get Tidewater, Roanoke, Northern Virginia and Wayne Dodson will get Fauquier County’s policy. All policies will be sent to Larry Oliver. Dr. Potter indicated that he would like to get back to a one-on-one exchange for all pharmaceuticals.

The minutes from the last meeting were discussed. Corrections were made and approved.

Dr. Potter provided an update on the wireless transmission for the 12 lead ECG. The pilot phase was completed and a few small issues are being worked out. He said the second phase is ready to begin with 20 more units being outfitted. He reported Shenandoah County is still not being considered due to the political difficulties and that they are strictly using Philips Medical equipment. The interface has not been completed for the Philips monitor as of yet. The 12 lead will be transmitted to the hospital and other hospitals will be brought on but a designated computer with a printer in the emergency department to monitor the transmissions is needed. It was confirmed by Dr. Adam that he is not requiring grants to be only Philips Medical monitors only. There have been numerous transmissions and the testing has been successful. The plan is to transport all STEMI patients directly to Winchester Medical Center. The national trend is not door to balloon but 911 to balloon to decrease the cardiovascular muscle damage.

The STEMI protocol was discussed in length and changes noted. Eddie McClellan will make changes to the STEMI protocol and email the document to the committee. Once the changes are made to the document, Dr. Potter made the motion to approve the document with changes noted. The motion was seconded by Dr. Pierce and motion carried. The document will be sent to all individual providers and agencies and placed on the website.

Dr. Potter discussed the Performance Improvement program being done at Winchester Medical Center. Tami Catlett distributed copies of different screen shots from the original program and discussed who reviews the different tiers. She said she reviews about 150 charts per week at tier 3 level. Winchester Medical Center Emergency Department is averaging 30 EMS calls per day. Dr. Potter and Tami discussed how the OMD receives the tier 3 review. The OMD will be called if the call warrants immediate attention.

The report is being built so that reports can be sent on a regular basis. Larry Oliver suggested that the agency and ALS Coordinator be notified when there is a problem. Tami said she is notifying the career agency contact when a career provider is involved. The volunteer agency is where the notification is difficult. Eddie requested that the OMD name for Winchester Fire and Rescue be updated.

The committee discussed the issue of whether the EMT-Enhanced level should be allowed to administer the CPAP mask on calls. It was noted that the OEMS skills schedule does not include this skill. After much discussion, Dr. Potter recommended the skill remain at the current level. The committee agreed and approved to leave the skill level at the EMT-Intermediate and Paramedic level.

Tracey McLaurin discussed the issue of the State Medical Directors Committee removing the Endotracheal Intubation skill from the EMT-Intermediate level. Dr. Potter discussed the issue that children are easily ventilated by a bag mask. No action was taken on this topic.

New Business:

Dr. Potter discussed the issue of long bone fractures at Winchester Medical Center. If a patient has three long bone fractures and two femur fractures, the trauma surgeons have been transferring to a Level One Trauma Center.

The committee discussed the recent helicopter utilizations where the patient was flown due to mechanism of injury. Some concerns are those calls where the patient's condition did not warrant a helicopter or a helicopter was delayed. Dr. Potter expressed concern about a recent call where a patient was delayed being transported to a trauma center and subsequently died.

Larry Oliver reported that he just picked up the PPCR documents from some of his agencies for the quarter QA and most likely the next quarter will be delayed. All Frederick County stations will be on a new server effective January 1, 2009.

Dr. Pierce wanted clarification regarding why an EMT-I or P can't perform skills without an EMT-B on board. Wayne Dodson explained the OEMS regulations that require the staffing of an ambulance. Wayne said he had issues where medics were going out on their own. He has corrected the issue in-house.

Pat Pope discussed a concern from Mike Moore, Shenandoah Farms, asking if agencies within Warren County were all going to be brought under the agency license of Warren County. Wayne Dodson discussed the option he has provided to all agencies. Per Heather Phillips, Shenandoah Farms could transfer their agency to Warren County from Clarke County.

Tracey McLaurin discussed the dates for 2009. Tracey and Dr. Potter will work with Linda to set dates. The next meeting will be in February 2009.

The Pharmacy Committee has not met due to changes at Winchester Medical Center's Pharmacy Department. The number of orange boxes still being used for medications in the STAT boxes has not diminished. The WMC pharmacy department has to inventory each drug box and it is very labor intensive. Pat will talk to her pharmacy contact, Tonya, to get a list. Tami reported that the needleless issues are still being worked on.

With no further business, the meeting was adjourned.