Tidewater EMS Council, Inc.
Operational Medical Directors Committee
Minutes – March 9th, 2021 12:00pm

## Attendance

| Name | Agency/Representing | Attended |
|---|---|---|
| Stewart Martin, MD | VBEMS/ Chairperson | X |
| Stephen M. Skrip, MD | MTI /Airport | |
| Jim Burhop,MD | CHKD | X |
| April Shackleford, MD | Franklin/ Southampton | X |
| Richard Slama, DO | Navy Region Mid-Atlantic | |
| Barry Knapp, MD | Norfolk Fire-Rescue | X |
| Rene Morcion, DO | Reliance Medical Transport | |
| Carl Wentzel, MD | Suffolk Fire and Rescue | |
| Manuel Armada, MD | TCC | X |
| Don Byars, MD | Portsmouth Fire and Rescue | X |
| Dave Cash, MD | FBI | |
| Paul Roszko | Navy | |
| Zane Shuck | Franklin/Southampton County | |
| Jamil Kahn, MD | CHKD | |
| Joe Lang, MD | Portsmouth Fire and Rescue | X |
| Joel Michael, MD | IOW, NSVRS | |
| Lewis Siegel, MD | Chesapeake Fire | X |
| Lori Givonetti, MD | Nightingale | X |
| Mike Bono, MD | Special Events | |
| Paul Holata, MD | Norfolk Fire-Rescue EMT-I | |
| Thomas Schwalenberg | Chesapeake Fire | |
| Meg Eason, MD | CHKD | |
| Hugh Hemsley, MD | Accomack Department of Public Safety | X |
| Ray Willet | Suffolk Fire | |
| David Long | TEMS | X |
| Valerie Vagts | TEMS | X |
| John Walker | Norfolk Fire-Rescue | |
| Matt Owens | VBEMS | X |
| James Reynolds | CFD | |
| David Coulling | TEMS | X |
| ? | OEMS | |

## Welcome and Introductions

- Dr. Stewart Martin, called the meeting to order. Approval of 3/9/2021 meeting minutes – 1st Dr. Siegel, 2nd Dr. Lang

## Old Business:

- ESO Implications: ESO is taking the spot of ImageTrend (5 year contract is up) as the state supplied EMS reporting system offered free to agencies that want to switch. ImageTrend had physical servers which had to move so the state did a yearlong analysis of systems. ESO allows for EMS crews to be able to see hospital notes as a part of the system as long as the hospital buys into their side of the system (Bon Secours is on board with the changes, waiting on Chesapeake Regional, Riverside and Sentara); the state is paying for the EMS side of the HDE integration. ESO doesn't require agencies to purchase add-ons for more capability like ImageTrend does. Agencies that use ImageTrend can do their own research for a year and they would have to pay for their own service after that year if they don't want to switch to ESO.
- Handtevy implications: Adam Harrell stated that prior to the end of the year the state to absorb the cost of using Handtevy and making it available to all agencies in the state. TEMS will not be reimbursed for the portion we already paid. Handtevy integrates with ESO. TEMS is working with Handtevy in getting better/ more transparent reporting. Cursory pull showed access of over 7,000 cases, but only 300 cases were uploaded. Handtevy is also trying to make the upload process to the reporting system easier to encourage provider use. The use of Handtevy seems to be optional instead of required, which will stay that way until there is more transparency because the data hasn't proven that use of the app made a significant difference. OMD's can't make a decision at this point to make use required. Physicians would like the app available to them (best option is to join the rescue crew in your jurisdiction). (this will stay on the agenda for updates)
- Education & Training Update – Matt Owens: Matt provided a handout summarizing the July 1 training rollout for the region. The PowerPoint that was provided to all agencies to disseminate the information as they see fit. This PowerPoint is attached to the email for your review along with the one-page summary Matt handed out at the meeting. A copy of the information changing should be available to physicians for awareness.
- COVID 19 issues: Certain agencies have a significant amount of providers that are not vaccinated, that is their choice. Lessons Learned: As a recommendation from OMD, have anti-bacterial in-line filters on all ambulances.
- Whole Blood administration by Paramedics: the blood lasts 3-4 weeks, nightingale is not approved for whole blood and are given 1 unit of blood to carry due to supply being an issue. Lori stated paramedics are not able to check out the blood at this time. NOVA holds blood drives to get their supply. TEMS can do a OEMS Modification to drive forward. Determined to best pilot this effort in VBEMS – Matt stated about 40 patients met the Sentara protocol criteria this past year. Baltimore shock trauma is using it and they tend to set the trend. Sentara is on board. One time cost of $6,000 per refrigerator to set up. Raleigh will take expired blood back at whole cost. In Texas, with one week

out, the hospital changes it out to use the older blood before it expires. Can apply to RSAF for funds support, along with various grants (this will stay on the agenda for updates)

- Portsmouth Nitrous Oxide study: the capability has been established, the rollout will occur soon and then Dr. Byars will present the data to the OMD's

New Business:

- iGel: this is an evidence-based better device due to no cuff inflation causing less internal damage and ease of use that creates an airtight seal. Initial decision was based on shelf life (1-year difference) of the device. MMRS looking into them above King airways due to ability to intubated and suctioned through. Using a device that has outlived its time. One of the last areas in the state that still uses the king. David Long has a couple iGels that can be lent out. (keep on agenda for next meeting)
- Ultrasound: Behind the curve regionally, used mostly for FAST detection, trauma, cardiac standstill, need trained super users because less versed providers have a hard time knowing what they are looking for and at since reading an ultrasound is a trained skill. Dr. Byars has trained providers to use ultrasound machines in the past. OMD Committee is on board with moving forward with ultrasound research and possible implementation. Looking into grants, RSAF and possibly a contract modification with OEMS. Kosmos and Butterfly are the two leading contenders at this time. Would need to develop protocols of use and determine implementation. Dr. Knapp 1st and Dr. Siegel 2nd the motion followed by unanimous 'yes' vote
- D10/D50 discussion: data shows D10 and D50 improve the patients' health equally, the variable is how long it takes. May want to revisit protocol to state 12.5g, which is a half D10 bag and then reassess – this would lead to less of an overshoot, skyrocketing a patients' glucose level into the 400's. Dr. Knapp agreed to put together questions that TEMS can send out to poll providers anonymously regarding their stance on D10 vs D50.
- Inter-facility Transport issues: this conversation was mostly for awareness and the leaders of transport/inter-facility transfers need to solve for the issues presented. David Long is looking into where the next discussion for this needs to be. ED's are having a hard time sparing nursing staff to ride with their patient to the new hospital putting EMS providers in a predicament to transport patients hooked up to drips and machines they have no experience with and Commercial agencies are not able to meet demand. The contracts are not well outlined and a definition of true emergency or critical should be established. The current rule of thumb is to call a commercial agency, then nightingale, then 911 agencies. Also, the way transport is currently set up, people with no insurance can only be transported by MTI because the others can decline the transport.
- Pain Medication: Dr. Knapp was in a meeting where someone mentioned having racial concerns regarding pain medication, so he wanted to know what our practices look like. A cursory look at pain medication administration does look like there may be a race bias in the TEMS area. Currently, pain medication is solely the providers' discretion. Could we develop 4 or 5 data points that would trigger when to administer pain meds? It may be best addressed first as an article in the response newsletter to shine a light on the issue and then revisit data in 6 months.
    - Sent data to Dr. Byars for additional analysis on 6/8/21
- Dr. Knapp is appreciative to VBEMS and Kevin Lipscomb for being such a great resource for EVMS' resident physicians. The MD2 program is attracting more talented providers and empowers them with hands-on experience. The feedback from the 1st year residents positively spoke about the 2 weeks' exposure as being very eye-opening. Will report on year 2 feedback as he gets it.
- Developing a PowerPoint with the help of VBEMS to aid in the preparation of providers for Oral Boards. To Education and Training Committee for review. Can submit to you all for review once we get it back from Education and Training

Meeting Schedule for 2021

- September 9 and then December 7 is joint OMD meeting held at TEMS (in-person with State OMD recertification presentation)

Meeting adjourned at 14:33

Announcements / Dates to Remember – please visit www.tidewaterems.org. Please contact Valerie Vagts at vagts@vaems.org with any changes to your contact information.

**The next meeting of the TEMS Operational Medical Directors Committee meeting is scheduled for September 9th, 2021 at 12:00pm.**
**Location: hybrid = in-person TBD with Virtual alternative**