

Tidewater EMS Council, Inc.
EMS MEDICAL OPERATIONS COMMITTEE
February 9, 2021 12:00 pm
TEMS Office and Virtual

MINUTES

Welcome/Introductions – James Reynolds, Chair

- Attendees were James Reynolds, Joey Hundley, Michael O'Neill, Valerie Vagts, David Long, Matt Owens, Amy Ward, Brian Phillips, Jerry Griffith, Alan Perry, and Eric Thompson. Phone participants: Brian Phillips, Denise Baylous, Ed Leonard, Ralph Rosignolo, and Jason Kinlaw.

Approval of Minutes – James Reynolds

- Motion to approve by Joey Hundley and seconded by Amy Ward. All motions in this meeting were unanimous with no negative votes or abstentions received.

Directors Report – David Long

- This region includes 57 agencies in 10 jurisdictions – commercial and 911, nightingale and CHKD transport. When we make decisions, it impacts all of these agencies. This committee is the brain trust of the program and should have reps from each agency. This committee should be the drivers of patient care delivery initiatives. These current initiatives include:
 - TEMS regional iGel initiative – supraglottic airway moving to iGel (as the standard) regionally. July/August timeframe Education & Training should put together training to rollout the iGel. Nurse Managers stated that some already have them and are on board with the switch. OMD approved. PI should start looking at what we should evaluate upon implementation. Grant submissions are due by the 15th of March. CFD using in place of intubation and allows EMT's to place them, said size 4 is most commonly used.
 - TEMS regional ultrasound initiative – Have been testing some machines in the region. Trying to determine which product has the best AI to help the learning curve of our providers.
 - Whole Blood Initiative – 12-18 month implementation, TEMS partnering with Nightingale as the possible starting point. Working on partnerships with blood banks and hospitals. We have a 14-day window and then we would give the blood to the hospital to use so it doesn't go to waste. Cost \$5,000-\$7,000 a year for those who don't have the hospital relationship and rely on the donation process. SNGH is the only hospital in the region currently using whole blood.
- Review B, F and G protocols – sent out via email with a vote to endorse due March 1st.

OMD Committee Report – Valerie Vagts

- No Meeting held since last MOC meeting

Performance Improvement – Valerie Vagts

- Reporting – ESO invited me to be part of the Repository development which will allow me to give feedback regarding the regional perspective of reporting. They anticipate the build taking about 5 months, starting February 18th. In the meantime, I got access to the adhoc reporting and Jerry Griffin agreed to give me a crash course on how to use it.
- QTEE – January 26th gave 6 free CEU's 1 medical, 1 cardio, 1 ops and 3 trauma with a live transfusion by Dr. Kotora
- David stated the Safety committee will be transitioning into an overall EMS PI committee, which will incorporate the current safety look but will add additional protocol assessments, backed up with data. This will fulfill the OEMS contract/strategic plan. Place parameters on reporting based on system (ImageTrend vs. ESO vs. HealthEMS), then we can combine the data.

Education and Training Committee – Matt Owens (see attachment for detailed recap)

- Seizure, Pain Management protocol recommendations: approved
- AEMT's expand scope of practice for Versed/Morphine/Fentanyl to state scope: approved to visit the protocol for EKG acquisition not monitoring
- AEMT: Solu-medrol /Mag follow up: approved to move from PO to standing order
- Bridge the gap regional training in process from shock trauma to AEMT with July training
- Dialysis Protocol, Calcium to get rid of range: approved at 1 gram

- Awareness of Trauma protocol for combative patients – getting OMD suggestion for combative head trauma patients
- Recommendation for sanctioning exam changes: approved to move online and require for all TEMS incoming I and P providers

Commercial EMS Agencies – MTI will transition to Midwest Medical Transport, but will be a slow process. Working on getting a comprehensive list.

Pharmacies – There is a shortage on Sodium Bicarbonate. There is a filter straw shortage, a needle is in its place and the SBAR will come out soon.

Nurse Managers – David Long stated the nasal cannula ETCO2 is going to be added to the restock list and will be provided at the hospitals. CPAP is still under review. Behavioral mental health was a hot topic on making room for these patients within the hospitals.

No update from Public Health or

MCI/MMRS – Collaboration with TEMS to rewrite the MCI plan, will have table top exercises and full scale regional training.

OEMS – Chad was unavailable but would answer any questions you have

Unfinished Business – None

New Business – None

Jurisdiction Reports

- Chesapeake new care package for cardiac arrest. Head up CPR – put equip at the first of this month. 12 cardiac arrests and 3 ROSC
- VBEMS has a CIT program in EMS working with police to medically clear pts in the field. AEC setting up at town center Pembroke 4 with a new medic class starting in March. Based in Manassas Virginia
- Franklin has EMT class and virtual medic class at VCU done at the station. State OMD is telling the state they need to come up with a way for psychomotor testing to restart
- Norfolk, VBFD and Suffolk didn't have updates
- Amy new head of Portsmouth EMS! Congratulations
- Navy finished a hybrid EMT course, has 4 students in the TCC accelerated paramedic program

Announcements / Dates to Remember on the TEMS Web Site

- Tidewater Healthcare Expo: May 10-15, 2022: registration goes live February 18th!
- QTEE Training: July 21st, October 20th 2022
- MOC meetings: June 8th, August 10th, October 12th, and December 14th

Adjourned – 14:01 pm

The next Medical Operations Committee Meeting will be held on April 13, 2022 at 12 noon in-person with virtual availability.