



OPERATIONAL MEDICAL DIRECTORS COMMITTEE MINUTES

Date: December 5, 2023 Chaired By: Dr. Stewart Martin
Location: TEMS Office and Virtual Begin Time: 13:23 pm End Time: 14:17 pm

Attendees

Stewart Martin, April Shackelford, Denise Harrison, Don Byars, Joel Michael, Lauren Kalodner, Lewis Siegel, Lori Givonetti, Michael Owens, Nella Hendley, Rene Moncion, Steve Skrip, David Keeler, David Long, Valerie Vagts

- Guests: Lexi Shultz, Martin O-Grady, Lisa Bono, Mark Day, and Michael Martyak

Minutes 9/15/23

Dr. Siegel made a motion to approve and Dr. Givonetti 2nd. None opposed. Motion passed.

Old Business

- Ultrasound
 - Have a contract out to put our clinical and didactic program together to roll out in Chesapeake, Portsmouth and Virginia Beach in conjunction with whole blood.
- TXA/Calcium Gluconate
 - Whole blood carried in Chesapeake, Portsmouth and Virginia Beach. The next city to come online is Suffolk. There have been 64 transfusions since October of last year. 2 traumatic arrests who survived to discharge. Expanded criteria to include medical patients and can include pediatric patients from 5 years of age and up. Caren is spearheading the IRB for the Advance Resuscitative Care (ARC) Bundle which is whole blood (1 unit) given with TXA (2 grams IV push) and Calcium Gluconate (1 gram). Contraindication for TXA is if the time of the injury is greater than 1 hour prior. The study will be for penetrating traumatic injury wounds only. The agreement is between Navy Medical Center Portsmouth, Portsmouth Medical Director and Portsmouth EMS system with an expected start date of February. Virginia Beach EMS is willing to participate as well with IRB approval from VBGH. Will also look into NGH IRB approval to capture cases that are transported to that facility. Whole blood has about a 30% waste. Tulane is compiling a national repository of information for DOD and civilian use. Suggestion to include the patient outcomes and how much blood the patient received at 4 hours and 24 hours. It should be readily available information from TQUIP. Blunt trauma was not included to expedite the OMD's and Trauma Surgeons moving forward in the process before working on expanding the scope. Motion to approve the pilot protocol: Dr. Siegel 1st, Dr. Moncion 2nd, none opposed. Motion Passed.

New Business

- Education and Training proposed to remove the 'Practical Skills Checkoff' that is required in order to schedule their Oral Boards. Due to the roll out of the red dot program, these skills are required to be documented within each agency. The agency would hold the responsibility to track their providers' skills. Dr. Siegel 1st, Dr. Givonetti 2nd, none opposed. Motion Passed.
 - AEMT test was reviewed for outdated/poorly worded questions and the past 4 out of 5 AEMT's taking the test have passed
 - Request for E&T to review protocol for ROSC where patients go to freestanding ED, specifically regarding CPR induced consciousness. CPRIC patients should go to a full-service ED. The least hemodynamically active intervention was determined to be 4 mg of Versed IV. This will also provide for amnestic properties. Dr. Siegel 1st and Dr. Givonetti 2nd. Motion passed.
- STEMI Program Directors: asking for the contact information to invite them to our STEMI PI meeting to improve cath lab wait times with EMS transports.
- STEMI, Stroke, and Trauma regional plans were approved as presented Dr. Shackelford 1st, Dr. Givonetti 2nd, none opposed. Motion Passed.

Next TEMS OMD Meeting is Tuesday, March 5th at 12:00pm at TBD