

**Medical Direction Committee**  
**April 8, 2010**  
**10:30 am**  
**Office of EMS**  
**1041 Technology Park Drive**  
**Glen Allen, VA 23059**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
Mark Franke, M.D. Allen Yee, M.D. George Lindbeck, M.D. Stewart Martin, M.D. Scott Weir, M.D. Asher Brand, M.D. James Dudley, M.D. Cheryl Lawson, M.D.	Charles Lane, M.D. - excused Theresa Guins, M.D. - excused	Amanda Davis Scott Winston Michael Berg Greg Neiman Tom Nevetral	Wayne Woo Gwen Harry Deborah Akers Jennie Collins Keltcie Delamar

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Welcome</b>	The meeting was called to order at 10:30 AM by Chairperson Asher Brand, M.D. It was determined that a quorum was not present so this would be a working meeting only.	
<b>II. Introductions</b>	Asher Brand, M.D. requested that everyone introduce themselves.	
<b>III. Approval of Minutes</b>	Minutes were reviewed and will be approved at the next meeting. No quorum present.	<b>October 8, 2009, January 21, 2010 and April 8, 2010 minutes will be approved at the next meeting.</b>
<b>IV. AHA/VDH Stroke Systems Plan Update – Keltcie Delamar</b>	<u>Stroke Systems (Virginia Stroke Systems [VSS]):</u> <ul style="list-style-type: none"> <li>• Upcoming Virginia Stroke Systems Task Force meeting is Wednesday April 21, 2010 in Richmond, all are welcome to</li> </ul>	

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	<p>attend (RSVP's required).</p> <ul style="list-style-type: none"> <li>• The EMS Stroke Triage Plan developed by VSS Field EMS Project Team was discussed favorably at the last Medical Direction Committee meeting and was approved by the Advisory Board in February and will go to the Board of Health this month for final approval. It still needs a few typographical corrections, but is already in use in several Councils to revise stroke plans.</li> <li>• Telehealth bill SB675 passed and was signed into law by the Governor on April 6<sup>th</sup>. It will allow provider reimbursement for telemedicine services and will help make Primary Stroke Center certification (through ability to provide tPA treatment) feasible at more institutions. Certification is what qualifies a hospital as a designated stroke center, as defined in the Stroke Triage Plan.</li> <li>• The VSS Task Force Field EMS Team is preparing to look at Public Safety Answering Point (PSAP) issues and determine potential support to help unify services in Virginia. An AHA National survey of PSAPs will coincide to provide operational data on an aggregate basis.</li> </ul> <p><u>STEMI Systems (Virginia Heart Attack Coalition-Mission Lifeline):</u></p> <ul style="list-style-type: none"> <li>• The Virginia Heart Attack Coalition–Mission Lifeline (VHAC-ML) Task force met March 25<sup>th</sup> <ul style="list-style-type: none"> <li>• Paul Sharpe RN, NREMT-P from the Office of EMS, reported on adoption of an EMS &amp; STEMI white paper by the Medical Direction Committee, and gave an update on implementation of NEMSIS. There was also discussion about the EMS Inventory of 12-lead ECG equipment and training currently underway by OEMS, to help assess support needed in the field. The Office hopes to use the results to help establish a special grant cycle that focuses on increasing the number of agencies providing optimal STEMI care.</li> <li>• The Regional Leads of all six VHAC-ML regions discussed activities in their areas, key individuals and organizations on their teams, and progress in setting up</li> </ul> </li> </ul>	

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	<p>ideal STEMI systems. The Regional Leads are charged with completing a STEMI System Progress Tool, as recommended by AHA’s Mission Lifeline. This document serves as a “checklist” of the ideal components of a STEMI System (Mission Lifeline criteria), and can help position hospitals for the certification program coming a year or so in the future.</p> <ul style="list-style-type: none"> <li>• The Data and Evaluation Team advanced a Request For Proposals addressing how data about reperfusion times will be collected and presented for the state.</li> <li>• The Website and Tool Shed Team discussed further development of the VHAC website (<a href="http://www.virginiaheartattackcoalition.org">www.virginiaheartattackcoalition.org</a>), and plans for developing an online repository of protocols and other tools to assist members in improving STEMI care. Plans for a d2b (d2b is an Alliance for Quality™ is a new Guidelines Applied in Practice (GAP) program launched by the American College of Cardiology (ACC) to save time and save lives by reducing the door-to-balloon times in U.S. hospitals performing primary PCI) Webinar this July are underway.</li> </ul>	
<b>V. New Business</b>		
<p>a. Intranasal Medication Route Discussion – Allen Yee, M.D.</p> <p>b. Hemorrhage Control Whitepaper Allen Yee, M.D. &amp; George Lindbeck, M.D.</p>	<p>At what level should the intranasal route be instituted as medication math will be involved?</p> <p>Allen Yee, M.D. stated that the mechanical tourniquet is being pushed but a question arises. When to utilize the mechanical tourniquet; before the application of direct pressure or after the application of direct pressure?</p> <p>See Allen Yee, M.D. DRAFT documents:</p> <ul style="list-style-type: none"> <li>• Tourniquets</li> <li>• Hemostatic Agents</li> </ul>	<p><b>The intranasal route (IN) is not presently listed in the Formulary and should be added and discussed at the next Medical Direction Committee meeting.</b></p> <p><b>Cheryl Lawson, M.D. advised that she would get in contact with the physician who was involved with hemostatic agents.</b></p>

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<p>c. Triage &amp; Destination Decisions – Allen Yee, M.D.</p> <p>d. Virginia Intermediate Education Standards – Tom Nevetral</p> <p>e. An Evolution from the NSC to the Virginia EMS Education Standards</p>	<p>Allen Yee, M.D. discussed a project in the Richmond area on “Post Resuscitation” (ROSC) where seven hospitals are located and where four post their data on survival rates for post resuscitation/hypothermia patients.</p> <p>The question was raised should the Medical Direction Committee be involved in identifying top hospitals that have successful data on post resuscitation patients? Discussion centered on simply stating that “post resuscitation patients should go to an approved post resuscitation center”. Let the hospitals identify which ones are to be classified as post resuscitation hospitals.</p> <p>This would be an excellent Hot Topics discussion.</p> <p>Tom Nevetral stated that this was a document which outlines the education requirements at the Virginia Intermediate level that the Professional Development Committee was working on to present at the next Medical Direction Committee meeting.</p> <p>Tom Nevetral stated that this was a document which outlines the education requirements at all five of the Virginia certification levels which identifies the needed didactic and skills requirements for each of the certification levels. This document is more involved then the Virginia Intermediate Education Standards mentioned above.</p>	<p><b>Allen Yee, M.D. and Scott Weir, M.D. advised that they would write the bibliography on hemostatic agents.</b></p> <p><b>The same group will work on the mechanical tourniquet whitepaper.</b></p>
<b>VI. Old Business</b>	None	
<b>VII. Research Requests</b>	None	

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<p><b>VIII. State OMD Issues – George Lindbeck, M.D.</b></p> <p>a. Statewide Guidelines &amp; Formulary Workgroups</p> <p>b. On-line Medical Direction Project</p> <p>c. H1N1 Tool Kit</p>	<p>George Lindbeck, M.D. advised that the Patient Care Guidelines Workgroup has been meeting and making progress. Previous meeting minutes can be viewed at: <a href="http://www.vdh.virginia.gov/OEMS/Training/Committees.htm">http://www.vdh.virginia.gov/OEMS/Training/Committees.htm</a> The next meeting for the Patient Care Guidelines Workgroup will be held on April 21, 2010.</p> <p>George Lindbeck, M.D. advised that the Formulary Workgroup has been meeting and making progress. Previous meeting minutes can be viewed at: <a href="http://www.vdh.virginia.gov/OEMS/Training/Committees.htm">http://www.vdh.virginia.gov/OEMS/Training/Committees.htm</a> The next meeting for the Formulary Workgroup will be held on April 27, 2010.</p> <p>George Lindbeck, M.D. advised that he was working on an on-line medical direction project which identifies the numerous ways that medical direction orders are given via the various hospitals in the Commonwealth. His first step is to disseminate to hospitals a survey instrument to determine who answers the radio and generates the response to the field units. Is it a physician, nurse, emergency department technician, unit secretary, etc.? The survey tool will be sent out to the Medical Direction Committee once it is developed.</p> <p>HB 173 Influenza vaccine; certified emergency medical services personnel may administer and dispense. Intermediates and Paramedics are “vaccine administrators” will be allowed to administer vaccines per the protocol approved by the Board of Health. George Lindbeck, M.D. is presently working on the protocol.</p>	
<p><b>IX. EMS Training Programs &amp; Accreditation Update – Tom Nevetral</b></p>	<p>Chad Blosser was not available to give his report. Tom Nevetral reported that recently an Intermediate Program upgraded to Paramedic accreditation and another Paramedic Self-Study has been submitted to the Office of EMS. The Commonwealth’s Budget has not been approved so there is not any word on the amount of monies available for EMSTF for FY 09-10.</p>	
<p><b>X. ALS Programs Issues – Tom Nevetral</b></p>	<p>Tom Nevetral reported that OEMS staff emphasis has been on completing the documents for the Virginia Education Standards and the Phoenix</p>	

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	document as well as formulating a workgroup for test question development for all certification levels.	
<b>XI. BLS Programs Issues - Greg Neiman</b>	<p>Greg Neiman advised that the Professional Development Committee was reviewing and making comment to several educational documents that address the new EMS Education Standards.</p> <p>Greg advised that the new EMT Instructor pre-tests were out in the field for EMS providers who wish to pursue becoming EMT Instructors.</p> <p>Greg also outlined the policy as it was presented to the Professional Development Committee for the new EMS Education Coordinator. He stated that there was a “sunset clause” where existing ALS-Coordinators could remain endorsed without having to transition to the new EMS Education Coordinator. However, no new ALS-Coordinators would be endorsed after the next scheduled ALS-Coordinator Seminar scheduled for July 2010.</p> <p>Greg also mentioned that he had OMDs signing test waiver forms where the EMS provider did not have all of their required continuing education (CE) and the waiver forms were getting kicked into the error file. OMDs were marking their OMD numbers in ink and they MUST be in pencil for the scanner to pick up their number. Some OMDs did not know their OMD number. There was also an issue where an agency had an OMD stamp and utilized it for course approvals after the agency and OMD had parted ways. This became a regulation &amp; compliance case. The use of an OMD stamp should be discouraged to maintain better security.</p>	
<b>XII. Regulation &amp; Compliance- Michael Berg</b>	<p>Michael Berg advised that the public hearings for comments for the proposed EMS Regulations have ended and he will be compiling those comments. He will be making recommendations to approve or deny the suggested changes. He felt that the public hearings were well attended. One of the comments involved the requirement to leave a PPCR at the receiving facility within twenty-four hours. Some felt it should be left immediately.</p> <p>After discussion it was noted that as a minimum a MIVIT (Mechanism of Injury, Vitals signs, Injuries &amp; Transport) sheet should be left, however a</p>	<p><b>Wayne Woo from Old Dominion EMS Alliance has an example of a MIVIT that he</b></p>

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	<p>MIVIT does NOT meet the requirement for a completed call sheet.</p> <p>Michael Berg advised that he would be willing to make a recommendation that a MIVIT be utilized as a minimum prior to leaving the receiving facility.</p>	<p><b>will provide to Tom Nevetral to forward to the Medical Direction Committee.</b></p>
<b>XIII. Public Comment</b>	None	
<b>XIV. For the Good of the Order</b>	<p>Question was asked as to how receptive the Trauma System Oversight (TSO) Committee was to the recommendations suggested by Medical Direction Committee to the State Trauma Plan. It appears that they were not receptive at all to the recommended changes.</p> <p>It was suggested that Asher Brand, M.D. Chair and other interested Medical Direction Committee members should meet with the Trauma System Oversight Committee and again discuss their recommended suggestions.</p>	
<b>XV. Adjourn</b>	Meeting adjourned at 1:15 PM.	<p><b>2010 Meeting Dates:</b></p> <ul style="list-style-type: none"> <li>• July 8</li> <li>• October 7</li> </ul>