

Prehospital Care Committee
Virginia Office of Emergency Medical Services
Embassy Suites Hotel, 2925 Emerywood Parkway, Richmond, VA 23294
February 6, 2020
1:00 p.m.

Members Present:	Members Absent:	OEMS Staff:	Others:
Mike Watkins, Chair	Sherry Stanley	Tim Erskine	Dallas Taylor
Sid Bingley		Chad Blosser	Kate (Challis) Schulz
Richard Szymczyk		Narad Mishra	Mindy Carter
Mike Garnett		Jessica Rosner	Kenneth Smith
Kelley Rumsey		Shirley Peoples	Pier Ferguson
Al Thompson			Scott Davis
Ed Brazle			Joe Trigg
Ryan Hite			Matt Lawler
Tim McKay			Adam Nulty
Judson Smith			Chris Parker
Mark Sikora			Valerie Quick
Allen Yee			Christopher Payne
Wayne Perry			Greg Neiman
			Taylor Flowers
			Tarsha Robinson
			Jeff Young
			Lynette Eanes

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Call to order, Welcome & Introductions:	<p>The meeting was called to order at 1:00 p.m.</p> <ul style="list-style-type: none"> a. Approval of previous meeting minutes – There was no quorum at the last meeting, but notes have been provided and will not need to be approved. b. Approval of today’s agenda – The agenda was approved by consensus. c. Everyone around the room introduced themselves. 	
II. Chair Report:	<p>Committee Membership Updates</p> <p>The chair welcomed Judson Smith, 911 Communications Committee Member. Judson is the Director of the Surry County 911 Center. He is replacing Derrick Ruble, who has moved out of the state. Brad Taylor has resigned his position of Vice-Chair. He has moved out of the area and out of the EMS business. We will need to fill the vice-chair position. He thanked Brad for his knowledge and in bringing the committee where it is today. He wished him well in his new endeavors.</p> <p>a. TAG Report</p> <p>In November there was discussion by Dr. Aboutanos about increasing the frequency of the meetings,</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>but Mike is unsure if that has happened. He feels that this meeting does not need to change and will continue to meet quarterly. There isn't any update on the results of the retreat as far as by-law changes or committee structure changes. There was a special topic on gun violence and getting the trauma centers involved in gun violence prevention.</p> <p>Mike also updated the committee and guests on the November meeting since many of the members were not present. He also nominated Ed Brazle to fill the Vice-Chair seat on the committee. The committee was in agreement with this nomination.</p>	
<p>III. Committee Crossover Reports:</p>	<p>Injury and Violence Prevention Committee (IVP) – Mike Garnett The IVP met on November 5 and there is a new Chair. Karen Shipman took another position. Sarah Beth Dinwiddie was the new chair. But she has since left and took another position as well. There was discussion centered on the goals and objectives. The law enforcement representative presented VCIM data and explained how it might be applicable to some of the things that the IVP committee will work on.</p> <p>Acute Care Committee (ACC) - Kelley Rumsey No new report.</p> <p>Post-Acute Care Committee (PAC) - No representative present.</p> <p>Emergency Preparedness & Response Committee (EPR) – Ed Brazle At the last meeting the committee looked at surge capabilities and they discussed focusing on pediatrics, burn and geriatrics while looking at referral patterns.</p> <p>EMS for Children Committee No update. Kelley Rumsey stated that she was not able to attend EMSC yesterday.</p>	
<p>IV. Unfinished Business:</p>	<ol style="list-style-type: none"> a. Evaluate data collection process and challenges <ol style="list-style-type: none"> i. Identify measurable data points b. Identify quality improvement/risk reduction item c. Obstacles to data collection d. Training funding for prehospital care e. Review of vacant committee seats <ol style="list-style-type: none"> i. Trauma Survivor/Citizen ii. Non-Trauma Center <p>In the last report, it was found that while the majority of the trauma patients went to a Level I trauma center, more trauma patients did go to a Level III trauma center, than Level II. They want to look at the regions where this is occurring.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Chris Parker stated that the Trauma Center Funding update will be given tomorrow at the TAG meeting.</p> <p>As for the vacant seats, there is still a vacant seat for a Trauma Survivor/Citizen. It has been a challenge to fill this seat.</p>	
<p>V. New Business:</p>	<p>a. Review the trauma triage quarterly report and compare to the previous request items The new quarterly report has not been given to the committee yet.</p> <p>b. Identify/establish benchmarks for performance in trauma data</p> <p>c. Establish/clarify pediatric trauma triage criteria</p> <p>i. Dr. Haynes of TAG asked the committee to review the trauma triage criteria and identify adjustments for pediatric trauma patients, specifically vital signs based on age – Mike asked the committee what they use for pediatric vital signs; Hantevy, Broselow Tapes, etc. Kelley stated this conversation began because there are now three Level I Pediatric centers in the Commonwealth so we now have to identify what patients should go to those centers. These centers are not located in every region so it won't be a perfect system, but it would be ideal to identify which patient should be transported to the designated pediatric center. When one is not available, how do we triage that and how would this look different from the traditional trauma triage algorithm that we have today. Mike stated that it would have the same steps with pediatric variations. Currently pediatrics are mentioned in step four under special considerations. A workgroup will be established to work on this.</p> <p>Dr. Yee and the Medical Direction Committee (MDC) wants the committee to discuss blood transfusion roles in the prehospital setting of patients suffering life-threatening traumas or medical emergencies. Most of the air medical units are carrying blood products. There are ground units in Northern Virginia who also carry blood products. Most hospitals are also carrying whole blood now. The committee discussed this and gave examples of different models. The MDC wants this committee to endorse the draft position statement with four elements that were read to the committee.</p> <p>A motion was made to support the position statement as proposed by the Medical Direction Committee. The motion was seconded. There was no opposition. The motion carries.</p> <p>The Chair also mentioned that the MDC is writing another position paper on RSI guidelines. More information will be forthcoming when Dr. Yee arrives. Upon his arrival, Dr. Yee stated that the Medical Direction Committee is putting together resources for the white paper mentioned above and that there is a lot of work to be done on the RSI guidelines paper.</p> <p>Dr. Aboutanos wanted the topic of traumatic cardiac arrest mentioned and discussed. What can we do to get more data on this topic? A committee member stated that their rule is “found dead, stays dead”.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>However, if it happens during transport, with penetrating injuries, they will perform resuscitation or intubation. Committee members provided feedback on their system policies. As for data, it was suggested to get organ donation data. However, this should not be considered in the decision-making process.</p> <p>Data Request for OEMS Epidemiologists: How many cardiac arrests in the past year? How many were transported? How many had interventions? We need to define interventions. Is EPI given? Some will be listed as DOA. Should we list by age groups? Yes. How many were treated and transferred? Dr. Aboutanos wants to make sure that the prehospital care and acute care are on the same page to make cardiac arrest care seamless.</p> <p>Is there a better solution than “Injury Not Otherwise Listed”? Is there an option for multi-system trauma (multi-injuries)? You may put “Pain-Other” and list it in the narrative. The committee continued to discuss this matter. They also discussed pain treatment options and medications that are being discontinued in the units. They also discussed the development of a white paper on capturing the other issues that go along with pain medication management.</p> <p>Dr. Yee talked about the data integrity in EMS. He feels that we have an opportunity to clean it up.</p>	
VI. Public Comment:	None.	
VII. Dates of 2020 Meetings:	May 7, 2020 August 6, 2020 All of the above meetings will be held at the Embassy Suites Hotel at 1:00 p.m. November 2020 TBD	
VIII. Adjournment	The meeting adjourned at approximately 2:24 p.m.	

Respectfully submitted by:
Wanda L. Street
Executive Secretary