Minutes Emergency Medical Directors Meeting 3/17/15

Dr. Saver Presentation on new therapies in the treatment of acute stroke patient.

There is a new generation of mechanical clot retrieval devices (endovascular) that has helped patients at risk for poor outcomes with large vessel occlusive disease in CVA. These studies have had positive outcomes Modified Rankin Score (mRS) when compared to prior studies.

New studies within the last year such as Mr. Clean, Escape, Extend, and Swift Prime have had positive outcomes when compared to prior studies.

Scope of Practice Committee

1) Alameda County TXA trial study will be modified to establish consistency throughout the state with protocols similar to ICEMA. Riverside County will be included in the ICEMA trial study. The general consensus is that we need more publications to demonstrate that TXA is a useful adjunct in the care of the bleeding trauma patient.
2) Supraglottic airway versus perilaryngeal airway discussion. With airway devices such as the laryngeal tube (King Airway and Combitube) there is no (or minimal) protection from emesis. This can cause aspiration leading to poor patient outcomes. Laryngeal masks have the same level of protection or lack thereof. Potential issues with cuffed devices (endotracheal tubes) may cause decreased cerebral perfusion in low states eg. cardiac arrest. This effect may be due to internal strangulation. This occurs when there is no flow in the large vessels in the neck and the inflation of the cuffs/large balloons prevent the vessels from opening with the ROSC.

Combined EMDAC and EMSAAC meeting

Discussions in EMDAC:

1) Wall times – no new topics or issues discussed.
2) Active legislation season with a flurry of last minutes bills. Karl Sporer and Greg Gilbert have been working closely with EMSAAC.
3) Chapter 13: Statutes will be promulgated to hear appeals referred to the EMS Commission. There currently is no appeals process to hear disagreements between EMSA and the LEMSA. There was a dual process initiated to bring forward both emergency regulations and standard regulations. The Office of Administrative Law (OAL) decided that the emergency regulations need to be withdrawn. It was felt that this was not an emergency situation. The regular statutory process is proceeding.
4) There is Increased Federal interest in EMS data and outcomes. There is an overall interest in EMS. Healthcare is moving toward performance based payment models in all sectors.
5) Community Paramedic trial studies and process are moving forward. The core curriculum has been delivered with great success. The next steps are local training for the pilot projects. There is going to be the normal trial study process with an interim report in 18 months. Then the final report in 36 months. There is great enthusiasm in the trial projects.

6) Ebola response and response efforts continue. At the federal level each HHS region will have a regional hospital(s) to accept confirmed cases of Ebola. There is still work to be done for the local entities to handle PUIs (persons under interest).
7) VAD (Ventricular Assist Devices) /TAH (Total Artificial Heart): A new updated training/ informational document has been developed. The group continues to be active. Laura Wallin from Riverside County continues to spear head the project. The new document will be reviewed first at EMDAC's MAC and then presented at the May EMDAC meeting. The number of VAD centers continue to grow. Per EMSA, the paramedics can't take orders from the VAD Coordinators since it is a medical control licensing issue. The families are also considered local experts.
8) Lengthy discussion of getting a state-wide CARES database. Currently there are 10 counties within CA that participate. Discussion of whether the state EMSA should hire a coordinator or perhaps LEMSAs pool monies and have North and South coordinators.
9) Discussion about combining NAEMSP (forming a CA chapter) and EMDAC membership. Voted down.

Reports EMDAC

1) EMS Commission: Wirelesss 911 is not on the March Commission agenda. This topic will be brought forth again at the EMS Commission. There will be discussions regarding these issues in the coming legislature calendar.
2) Legislative Committee working with EMSAAC: Start of a 2 year cycle in January 2015. Felt that EMDAC has most power in influencing and modifying bills not necessarily stopping them.
3) Medical Advisory Committee: a) Reviewing new (updated) VAD (Ventricular Assist Devices)/TAH (Total Artificial Heart) document. LEMSA protocols such as chest pain are being evaluated and analyzed. Then these protocols are being compared on the basis of the current evidence available in the literature. For example is there evidence that giving an aspirin is supported in the literature. Once consensus is reached on the individual items the various LEMSA protocols are evaluated based upon the individual clinical actions. After the protocols are finished being evaluated they are tabulated in a spreadsheet. The various LEMSAs are easily compared.
4) EMSC (Emergency Medical Services for Children) met in February 2015. The new regulations are still under review and hopefully will be ready for public comment. Dr. Stratton stepping down from committee and Dr. Van Stralen to be his replacement.
5) CAL/ACEP: Over time there has been decreased activity between EMDAC and CAL/ACEP relationship. The opposition to community paramedicine is taking currently a more muted tone.
6) Community Paramedicine: There are currently 9 pilot programs moving forward after the core curriculum was delivered. The next step is the local training for the specific projects.
7) Trauma: There will be a North and South Trauma Summit this year in June. There was a discussion about "retriage" of critical trauma patients that end up at non-trauma centers. These patients are best served being transferred to trauma centers for definitive care. The concept of "red-box" or emergent transfer was discussed. This potentially would include the use of 911 resources and not IFT resources due to the critical nature of these patients.
8) Tactical: Active shooter guidelines being developed at the state level. This is a multidisciplinary committee.
9) Aeromedical: no report given

10) Ketamine utilization in prehospital care. There was a presentation by Dr. Brett Rosen regarding its use as an agent for sedation. This could be utilized in the care and treatment of patients suffering from Excited Delirium. There was great discussion and agreement that this would be a good addition to the scope of practice for paramedics. It was suggested that there be further work done and the possibility of a trial study. This concept will be brought forth to the Scope of Practice in the May 2015 EMDAC meeting.
11) Narcotic Policies and the interaction between the DEA and medical directors and their agencies was discussed. The involvement of the California pharmacy board was brought up as an additional discussion item. Currently DEA actively looking at the regulations which are erratically interpreted and enforced depending upon which Field Office is involved. They are trying to revise them to be more consistent and more EMS “friendly”. It was brought up that medical directors should never utilize their own personal DEA numbers. It is best and safest to get separate DEA prescribing numbers for each agency they furnish controlled substances for. It might be necessary to have separate DEA number for each “depot” or station where these medications are delivered to and stored. A representative from EMDAC will be to helping the California pharmacy board to modify and interpret regualtions.