EMERGENCY MEDICAL SERVICES
MEDICAL CONTROL BOARD

MEETING MINUTES

October 24, 2017

The Pinellas County Emergency Medical Services Medical Control Board met at the EMS & Fire Administration, Conference Room 130, 12490 Ulmerton Road, Largo, Florida, at 10 A.M. on this date with the following members present:

Dr. Stephen Haire, Morton Plant Hospital (Chair)
Dr. Stephen Feilinger, St. Anthony's Hospital
Mr. Kris Hoce, Morton Plant Mease Healthcare
Ms. Sharon Hayes, Palms of Pasadena Hospital (Secretary)
Dr. Paula Pell, All Children's Hospital (Vice-Chair)
Dr. Beth Girgis, Bayfront Medical Center
Mr. Glenn Saldanha, Largo Medical Center

Members Absent:
Dr. Roberto Bellini, Mease Countryside Hospital
Dr. Raj Mathur, Florida Hospital North Pinellas
Dr. Jeremy White, Florida Hospital North Pinellas
Dr. Joseph Namey, Pinellas County Osteopathic Medical Society
Dr. Dominique Thuriere, C.W. Bill Young V.A. Medical Center
Dr. Jennifer Pearson, C.W. Bill Young V.A. Medical Center

Staff Present:
Dr. Angus Jameson, EMS Medical Director
Dr. Donna Dooley, Associate EMS Medical Director
Craig Hare, Director, EMS & Fire Administration
Jason Ester, County Attorney's Office
Greg Woodrum, EMS & Fire Administration
David Hudak, EMS & Fire Administration

Also Present:
John Peterson, Sunstar Paramedics
Jeremy Tinter, Sunstar Paramedics
Brian Eells, Sunstar Paramedics
Chantelle Thurow, Florida Hospital USACS
Mike Sussman, Florida Hospital USACS
Courtney Keown, Student
Kirill Baklykou, Student
Kaja Richard, Student

CALL TO ORDER AND ROLL CALL

Dr. Haire called the meeting to order at 10 A.M. A roll call was taken and it was determined that there was a quorum. There were 7 voting members in attendance.

APPROVAL OF MINUTES

The minutes of the July 14, 2017 meeting were presented for approval. Ms. Hayes made a motion to approve and Dr. Feilinger seconded the motion. The motion passed unanimously.

Director, EMS & Fire Administration

- **Presentation – Penny for Pinellas**
  Mr. Hare summarized how Penny for Pinellas functions and what it would be used for, utilizing pages 8 and 9 from the Medical Control Board Support Packet.

  He explained that the Penny for Pinellas was coming up for its fourth referendum vote on November 7th, 2017. Due to the impending vote, EMS & Fire Administration is reaching out to every stakeholder across the county to share solid information about Penny for Pinellas.

  It is a 1% sales tax. A third of it is paid for by visitors and tourists which offsets infrastructure costs for roadways, buildings, storm water, and public safety programs. EMS & Fire Administration receives funding support for fire apparatus and for fire stations. They are hoping to see expansion on the Penny for Pinellas to be utilized for direct support for EMS Capital needs including building expansion and apparatus which would be new and very important on the public safety side.

  It is not collected on groceries or medications. Mr. Hare referenced the primary areas that are impacted by this revenue from the Penny for Pinellas pages in the Medical Control Board Support Packet and invited attendees to visit the website listed for more information.

- **Update – Hurricane Irma Debrief**
  Mr. Hare pointed out that per the statistics available for Hurricane Irma, EMS & Fire Administration had seen some record breaking days. He stated that he would provide statistics once they were formatted. The week of Hurricane Irma he stated that there were 5,321 ambulance transports which accounted for several record breaking days; 100 or 150 over what would have normally been done.

  There were 5 out of state strike teams with 25 ambulances that assisted in moving a total of 255 patients. The fire departments were activated to transport and they moved a total of 123 911 transports. The Critical Care team was busy with 20 for a single unit in a 24 hour period. Every ambulance was on the street and they provided 4,882 transports during the week. The highest day was September 12th, the day after, 741 transports completed – just over 500 is a typical day and maximum prior was about 600.

  Ms. Hayes provided testimony to the exceptional job Sunstar did in helping them to prepare with evacuation drills, as well as during the evacuation itself and getting patients settled back into the hospital when the storm was over.

  Mr. Hare continued with his debrief, stating that in total they had 4 hospitals evacuate. He discussed several situations that arose with unforeseen circumstances; a structural engineer determined Florida Hospital of North Pinellas needed to evacuate, and there were some VA transports that weren't able to be completed (Mr. Hare assured attendees that EMS & Fire Administration had met and debriefed with the VA)

On the fire department side they moved a total of 3,215 residents to shelter, only 53 of those ended up going by ambulance, so the Special Needs Sheltering Program worked incredibly well.

Mr. Hare emphasized that during the Special Needs debrief, feedback was received regarding an issue that contributed to the overwhelm of the hospitals – protocols must be put in place for future emergency events for hospital lockdown in regards to not allowing friends and family of staff to be sheltered at the hospitals. He stressed that there are 150 nursing homes, but only 15 hospitals and as a community, hospital resources need to be protected. Planning committee's with hospital safety administrators will be forthcoming.

Mr. Hare provided information regarding the end of the fiscal year:
237,950 responses total
184,149 transports
4% increase over the prior year

- **Update – EMS System**
  Mr. Hare provided an overview of EMS projects, most of which had been detailed in the last meeting.
  - All projects discussed prior are on track
  - Executed a 2 year agreement with cities and fire districts for first responders
  - All units discussed last time have been implemented and are on the streets
  - Medical Director contract 5 year renewal
  - Belleair Bluffs fire station 43 has been opened

Dr. Pell asked whether or not there had been adequate fuel resources available during Hurricane Irma.

Mr. Hare replied that fuel resources had been adequate and explained that typically ambulances fuel out in commercial fuel depots. They calculated that ambulances would have a few months of fuel available through the County resources (14 county pumps) that they have control over. He stated that overall they were pretty happy with that, however the County wants to have more mobile fueling options such as fueling tankers.

Medical Director

- **Approval – 2018 Medical Operations Manual**
  Dr. Jameson directed attendees to page 10 and 11 in the Medical Control Board Support Package which contains a list of the most significant revisions to the 2018 Medical Operations Manual. He reassured the board that despite the large amount of reading material provided, the vast majority of the changes made to the Manual were grammatical corrections, formatting etc.

  Dr. Jameson reiterated from a prior meeting that the goal with many of the revisions was to work on the interface between the pediatric and adult protocols, particularly where it comes to making a pediatric protocol look like the regular protocols that the medics are used to and particularly when it comes to the procedural protocols, making sure that any specific needs are addressed regarding performing a pediatric procedure vs. an adult and when the procedures are the same and when they might be different.

Summary:

- No medication additions or deletions for the year
- No significant equipment additions or deletions/changes
- Focusing on patient safety, making sure there are appropriate safety notes where needed within the protocols
- Making sure capnography use is emphasized where appropriate
- Combined general pediatric and general adult medical universal approach to care into one single protocol, for the sake of making sure that everything flows clearly and it's obvious to the medics where they're in this protocol, vs. that protocol – New protocol U1 or Universal 1
- Atropine added back to stable bradycardia algorithm
- A few equipment changes in terms of max/minimum doses that lines they're using could accommodate
- Bumped stroke alert window for symptom onset from 4.5 hours to 6 hours
- Increased minimum fluid bolus prior to initiation of pressers for sepsis to 1000
    - Clarification was asked for whether this was a pedes dose, whether or not it was per kg – Dr. Jameson clarified that it was an adult dose and all pedi doses were done weight based – adult bolus also has what amounts to a weight based max that they would give but it's more simplified for initial steps in a pre-hospital environment. The thought on doing 1000 rather than 2000 or 30 per kg, is that transport times are roughly 15 minutes or less if you add scene time goal which has been established as 15 minutes or less for these types of patients means a total treatment time of less than 30 minutes. Historically in shock patients there had been an instruction for 250 cc's, stop, reassess, 250cc's, stop, reassess….it became clear that they were under-resuscitating or too slow resuscitating people so it's intentionally aggressive to avoid leaving someone with a MAP of 40 for 20 minutes while doing small boluses
    - Dr. Haire asked for further clarification on how CHF and renal failure are being handled – start with a liter in 500 boluses at a time, reassess after each 500
- Added more refinement in the procedures, a few new procedures: now have the ability to deliver some aerosolized treatment while a patient is on CPAP or intubated
- TP's they didn't have before they now have so it's an added procedure
- Clean up adding an AED procedure
- Added a change in needle size for needle thoracostamy – previously had a large adult needle as primary tool – after further research and input from experts and literature it was determined a 16 gauge which is just over an inch long would more appropriate for a child under 13 years old
- When a child is in cardiac arrest or in extremis and access to an indwelling catheter is authorized, in an adult they would waste off 10cc's of blood but that is an excessive volume for a small child so it's been bumped back to 3cc's for the waste to get rid of the heparin or whatever else is in the catheter
- Tetracaine has been removed
- Added a clinical tool focusing on the pediatric assessment triangle to focus that for their assessment of pediatrics and is included as a universal approach to assessing pediatric patients
- New clinical tool that mirrors clinical protocol for pediatric cardiac arrest encouraging the use of a pit crew model similar to what they do for adults – preplanning positions

with who is going to do what making sure that the arrest goes smoothly, making sure that true ALS care is initiated and it's not just scoop and run –

  - Dr. Jameson discussed that due to the work they've done with Dr. Antevy it is known that the pediatric cardiac arrest survival rate has not budged in many many years – they believe that part of that is due to, if they don't make it a point to stop, get access, deliver some medication etc. before they start rolling to the hospital then it could be quite some time before the first dose of epinephrine is administered to that child – so focusing on really implanting full care – the mantra that they've adopted is "restart the heart before you depart" – so the goal is to get good pediatric care initiated prior to transport – address ABC's before getting rolling
  - Dr. Pell asked whether or not they were now educating the medics in PAT – Dr. Jameson discussed his use of the PAT in several other EMS systems that he's worked in, and is now setting the stage to bring it on board here. In the 2018 training plan for the first time ever the entire system will be going through specialized pediatric training and the particular system that has been chosen emphasizes the PAT so these changes are prepped for that.

- Done some work with exposures protocol
- Added a faces pain scale so to better assess pediatric distress and pain
- Refined the guide for placing IO's for both pediatrics and adults in regards to the placement options
- Done work in the administrative section – largely related to dispatching procedures and controlled substance handling procedures etc.
- Incorporated the ePCR user manual which is lengthy and upped the page count – essentially a user guide for the electronic medical record which is not within the administrative section, and now the administrative section has been moved to the rear of the book and they anticipate that it may be taken out and made a separate volume because it is so large
- In post medical cardiac arrest pediatric protocol the presser has been changed from dopamine to epinephrine

Dr. Jameson requested a vote to approve the changes. Mr. Hoce motioned to approve. Dr. Feilinger seconded. It was approved unanimously.

Dr. Jameson took a moment to recognize Mr. David Hudak and all of his tireless work in helping to get the 2018 Medical Operations Manual perfected.

- **Approval – Priority Dispatch Beta Test 45 & 46**
  Dr. Jameson gave a quick background on this – a few years ago they asked the medical priority dispatch system (the folks that make the EMD protocols whereby they process telephone calls for service) to think about making some protocols for handling telephone calls that come from healthcare facilities in order to avoid health care professionals having to go through the very strict scripted EMD response that they are required to go through for civilians. A year or two ago they came back with the new protocols, but there were issues with them. They decided not to bother beta testing them because so many changes needed to be made. Feedback was provided, they made changes and have now come back with new versions that incorporate that feedback. 45 goes "uphill" to a higher level of care, and 46 goes "flat" or "downhill" to a lower level of care. They are now ready to be beta tested.

Dr. Jameson asked for a vote to approve beta testing Priority Dispatch 45 & 46. Mr. Hoce motioned to approve. Dr. Feilinger seconded. It was approved unanimously.

- **Update – 2018 EMS Training Plan**
  Dr. Jameson gave an overview of the 2018 EMS Training Plan. He discussed that since they have taken the Continuing Medical Education program in-house they have had great successes in revamping that program. 2018 will be their 3rd year in doing that. Now they are getting into the more advanced topics.
    - Year 1 – back to basics – basic patient assessments, basic treatments
    - Year 2 – general everyday high risk chief complaints – chest pains, belly pains, difficulty breathing
    - Year 3 – will be getting into more advanced stuff – violent patients, excited delirium, prisoners, children with particular developmental or genetic syndromes. They're doing some work with the Juvenile Welfare board regarding safe sleeping practices and being able to do some direct education of families on scene – 1st half of the year 2nd half of the year – ePC (Emergency Pediatric Care)

Dr. Jameson asked for a vote to approve the 2018 EMS Training Plan. Ms. Hayes motioned to approve. Dr. Pell seconded. It was approved unanimously.

Mr. Jeremy Tinter discussed the new Noel Birthing Mannequin. It is now in-house, and has been tested. They would like to implement for phase training for Capstone training moving forward in the future.

He also discussed the ventilators from the state. They received 27 ventilators which now have asset tags through the County. They're getting PM's and quality controlled through quality medical. 6 were done in-house which helped with Hurricane Irma.

Dr. Jameson added that there will be a stock-pile of ventilators for emergency use going forward.

OPEN FORUM

Mr. Woodrum discussed a few changes to the roster, there were no additional comments or questions.

NEXT MEETING
The next meeting is scheduled for Tuesday, December 5, 2017 at 10:00 A.M. at the EMS & Fire Administration, 12490 Ulmerton Road, Largo, FL 33774.

ADJOURNMENT
Dr. Haire adjourned the meeting at 10:40 A.M.