

9/16/2020 Medical Control Board (MCB)

1600 Dr Pruett calls meeting to order

Attendees: Pruett, Ian, Jot, Randy, Chief Ortiz, Dave Chapek, Potts, Kelly Gabriel, Shawn Williams, Capt Perea, Fellow's 1 and 2.

Approval of the Agenda motion by Dr. Ian Medoro Second by Jot.

Motion to approved passed unanimously.

Reviewed last month's minutes and motion to approve by Ian second by Jot

Motion to approved minutes passed unanimously.

Hospital Systems Reports

Lovelace- Nothing to report

VA- Tele-stroke training went well. Go live by the end of the month. Once approved we should be able to accept more ambulance traffic, no LVO pt's. Not a lot of Covid.

Presbyterian-Sky Bridge construction, EMS agencies notified as well as other hospitals. Staff has been increased for the winter months. Flu system online to handle the Flu. Balloon field swabbing transferred to an indoor venue with location to come.

Jot asked for construction to be explained to those who weren't at the last meeting: Pt's will be redirected to Kaseman and Rust. UNM and LL will take on ambulance diverts for about 10 hours. Jot is going to tell the ED directors to make sure they know.

UNM- ICU's 100% capacity. A lot of boarding in the ED for the past 2 weeks. Ground broken started for the new ED facility. Dr. George Kennedy passed.

Old Business

Guidelines- Dr Pruett

Tourniquet- took out the line to allow removal of the tourniquet

Ibuprofen- Wording clarification to align the formulary for Ibuprofen and Tordol with the pain management guideline, so the 2 had the same contra-indications and clarify that NSAIDS should not be given with headache.

Trauma Arrest- Hangings will not be treated as a trauma arrest but a medical arrest.

Pacing Procedure- Wording clarification that narcotics will be used for pain control as a preferential as opposed to the Benzodiazepines.

Motion to approve by Randy second by Jot

Motion approved unanimously

Update on the 911 Project

Things moving along well. No Pres medical group credentialing needed, Physicians contracted with Pres. There is Ins. Credentialing needed. Pres has Uber health contract. AAS has gone live with ImageTrend. Inter communication through agency needs to be worked out. SOAP note build for physicians as the physicians documentation will be held with the EMS document in ImageTrend. 911 responding agencies are all on individual accounts so if any agency wants to use this program they will need to document with that agency. The telehealth process will not be too difficult. Looked into additional telecommunication devices. Billing still being worked out. End of year or early next year is a good time frame for the roll out. Partnering with health care for the homeless.

Membership update-Please submit your renewal request. Reapply and renewal as many times as you want.

New Business

PAC- Chief Ortiz

EMS guideline updates that Dr. Prueett talked about.

System reports: Unique case for free standing ED had a gun shot wound and 911 system was activated. Prompted a conversation how we are going to handle Stat transfers vs. 911 activation for calls like this. No negative pt outcome but a good learner

ImageTrend Elite-System metrics to see how our system is doing. Hospital hub came up and according to AAS all hospital systems are using it. AFR is looking into acquiring it.

Add Version dates on the guidelines so everyone knows they are on the most up to date version

EMS training formats- what others are going doing in this Covid world most everyone is using Zoom platform with Covid safe practices.

UNM Sky page and UNM urgent care updates appointments and expiration

Old biz: Certificates for evaluation and having a guideline for those types of pt's

Nixed the idea of recommending to the board for a trauma arrest protocol at dispatch where you would have dispatchers not providing pre-arrival instructions for a traumatic arrest. We thought the squeeze wasn't worth the juice on that.

AFR is using to assist APD to help with pediatric behavioral health transports for 12 and under. AFR will transport them so they don't have to ride in the back of a squad car in handcuffs.

Protocol Updates- Dr Pruett: Time for protocols updates and discussion. We need to start talking about annual updates that will come out in Jan. We will need to have them approved in Dec for roll out in Jan. On the table: Adding Benadryl for dystonic reactions; new treatments for AFIB RVR or adding Delt; New guideline for the 911 diversion project. Last 2 years we have focused on the content and the formulary and chief complaints. We will be updating the procedure pages and making them more clear. Mainly BVM and Needle decompression. Left open for ideas

Free standing ED discussion: Dr Pruett: 33's are contracted issue with the outlying hospitals and transferring agencies. Time sensitive issues will need to be decided by the transport agencies and the operational 911 leaders and we don't think the MCB needs to weigh in.

Dr. Medoro: if there are outliers we can review them. Offered for AAS to bring up data to try and find outliers.

Chief Ortiz: Since there are multiple agencies providing inner facility transport it might be good for more discussion. There is an agreement with AAS and AFR for transfers but there isn't an agreement with other agencies. Getting the other agencies together for discussion for them to know that they can call on AFR in a worse case scenario.

Dave Chapeck: If the facilities are having a case that goes poorly send it over via QI and AAS can help find out the issue and if it's not their pt then they can help find out who's pt it is and try and find out where the system is broken.

AAS migration to ImageTrend- System metrics to view system improvements. Open up for discussion bring them up in future meetings. Input from PAC and MCB will be used.

Research- Cerebral Oximetry- Coming

Public Comments

Chief Rose: Cares funding taking care of Vents. 20 Vents on order. Maybe a procedures guideline will need to be created. Dr. Medoro and Pruett both agreed.

Ombudsman- Training for this program will be volunteer. Training will be 2.5 hr. Identify fragile people in a long-term care facility. Takes out the middle man and allows that crew to call the ombudsman to start the investigation. Is not tasking them to check on the dietary needs but when we are on a call and find evidence of abuse or mistreatment and is a direct pipeline to get this remedied. Initial investigation doesn't have to be done.

Dr. Estimea-all is well at Sandia moving from Sandia essential workers to phase 3 of return to work.
Kirkland Fire will take over the emergency response teams.

Motion to adjourn by Jot second by Randy