

9/15/2021 Medical Control Board (MCB)

1604 Dr Kim Pruett calls meeting to order

Attendees: Dr. Kim Pruett, Dr. Ian Medoro, Dr. Dorothy Habrat, Dr. Gurujot Khalsa, Dr. Randy Lahr, Dr. Whitney Barrett, Dr. Humphries, Chief Chris Ortiz, Chief Ted King, Capt. Daniel French, DC. Dave Chapek, , Zach Potts, Kirk Silva

Approval of the Agenda motion by Dr. Lahr Second by Dr. Habrat.

Motion to approved passed unanimously.

Reviewed last month's minutes and motion to approve by Dr. Habrat second by Dr. Kahlsa

Motion to approved minutes passed unanimously.

Reviewed July. Minutes

Both motions approved passed unanimously.

Hospital Systems Reports

Lovelace- Waiting for a medical director for downtown to be credentialed. Nursing shortage nationally is a problem for Lovelace with increased volumes.

VA- Nursing shortage causing problems as well.

Presbyterian- Volumes high with nursing shortages as well. Tower being built. Expectation for Pres now on Isleta projected for Jan.

UNM- High Volumes

Old Business

Diversion- Reiteration of no Black Divert for being busy.

State Scope- Discussion over the added state scope of practice to intermediates and paramedics.

New Business

PAC- Chief Ortiz-Focus on the AED language for life pack 15. State Scope changes also discussed.

Hospital Drop Times- ED and EMS volumes are at an all-time high. Coupled with staffing shortages, this puts an incredible strain on the entire system. One of the factors that will help EMS meet response times to the community and arrive at pending 911 calls is to decrease time spent at the hospital dropping off patients. There is currently a guideline in place that is not currently strictly enforced, referred to as TT12, or "Emergency Department Transfer of Patient". This guideline states that turn over should be completed by EMS within 20 minutes

of arrival to the ED. When this policy was enforced several years ago, there were no reported negative outcomes, and turnaround times for EMS crews significantly decreased. Hospitals are concerned with limited staff to receive and care for EMS patients. Some wait times have exceeded 1 hour. Everyone agrees this is crisis level of volume and the coming winter months will likely be worse. Initial recommended actions from the group included EMS calling radio reports to help charge nurses anticipate need for beds. Another option is to set up EMS triage areas, transparent to the patients in the waiting room, where ambulance turn over can be given priority by triage nursing staff. Each hospital space is different and will need to be addressed individually. EMS crews and supervisors will start to engage the charge nurse in dialogue once a crew has been waiting 20 minutes. The MCB will draft a letter to hospital administrators framing the problem from the EMS perspective and asking for collaboration and offering solutions.

Motion to write a letter to hospital leadership to advise of the problem and some of the solutions by Dr. Medoro. Seconded by Dr. Lahr with the wording of collaboration.

Guideline Update:

- Diabetic emergencies: Glucagon: Motion by Dr Pruet to change wording on protocol of Glucagon to administer available Glucagon. Seconded by Dr Habrat.

- V-fib: Motion to add vector change in refractory Vfib made by Dr. Medoro and seconded by Dr. Habrat

Research Updates/Discussion-

**Mosimo still running.
ECMO on hold.**

Public Comments:

None

Motion to adjourn by Dr. Khalsa
Seconded by Dr. Medoro