

**Medical Direction Committee Minutes
Richmond Marriott West
January 18, 2007
10:30 AM**

Members Present:	Members Absent:	Staff:	Others:
Kimberly Mitchell, M.D.	Norman Rexrode, M.D.	Warren Short	Jeff Ferguson, M.D.
Sabina Braithwaite, M.D.	Cheryl Haas, M.D.	Tom Nevetral	Allen Yee, M.D.
William Hauda, M.D.	Kenneth Palys, M.D.	Scott Winston	Joanne Lapetina, M.D.
Dave Garth, M.D.	Barry Knapp, M.D.	Greg Neiman	Keltcie Delamar
Cheryl Lawson, M.D.	David Lander, M.D.	Michael Berg	Heidi Hooker
Theresa Guins, M.D.	John Potter, M.D.		Randy Gelgreich, M.D.
James Dudley, M.D.	Drew Garvie, M.D.		Harinder Dhindsa, M.D.
Bethany Cummings, D.O.	Janet Henderson, M.D.		Nael Hasan, M.D.
Carol Gilbert, M.D.	Asher Brand, M.D. (excused)		Joseph Ornato, M.D.
George Lindbeck, M.D.	Ace Ernst, M.D.		
Scott Weir, M.D.	Peter Bruzzo, M.D.		
Carol Gilbert, M.D.	Stewart Martin, M.D.		
	Charles Lane, M.D. (excused)		
	Mark Franke, MD.		

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
1. WELCOME	Kim Mitchell, M.D. called the meeting to order at 10:40 A.M.	
2. INTRODUCTIONS	All of the attendees were asked to please introduce themselves. Carol Gilbert, M.D. State Operational Medical Director (OMD) advised the committee that she was not going to re-apply for the position when it becomes full-time later this year. Dr. Gilbert has served as the part-time State OMD for fifteen years.	Motion by Scott Weir, M.D. to have an accommodation resolution and an award for service be presented by the State Governor's Advisory Board. Seconded by William Hauda, M.D. Motion... Passed
3. APPROVAL OF MINUTES	The minutes from the October 12, 2006 meeting were approved.	Motion by William Hauda, M.D. to accept the minutes as recorded and seconded by Sabina Braithwaite, M.D...Motion Passed
4. Auto Pulse Study – Joseph Ornato, M.D.	Joseph Ornato, M.D. gave a brief overview on his Richmond Study for the AutoPulse™. Dr. Ornato began by advising the committee that he has a “minor” role with Revivant Corporation who manufactures the AutoPulse™ and he began by explaining the ASPIRE Trial that compares five sites, cluster randomization, EMS trial of manual compressions versus the AutoPulse™. One of the sites	

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	<p>was considered “biased” as the site reportedly changed the evaluation criteria in the middle of the study based on predisposed biases of the site coordinator. When the biased site study results were omitted there was “no change” which suggested the AutoPulse™ was preferred.</p> <p>The “study suggests that the AutoPulse™ works best when it can be placed on the patient early” (within 2 - 4 minutes response time, as the window closes at 8 – 10 minutes response time. Response time is defined as time of dispatch to ambulance arrival at the scene). (See attached handout for additional study criteria).</p> <p>In rural areas, where it is not likely that the device could be placed within the reasonable time constraints, then other issues should be considered for rescuer safety (i.e. resuscitation termination at the scene, or AutoPulse™ utilization while the patient is being transported to diminish rescuer risks of performing manual CPR during patient transport in a moving ambulance). The cost of an AutoPulse™ is \$15,285 dollars.</p>	
5. AutoPulse™ Product Presentation	Alan Weaver, ZOLL Medical Corporation, Sr. EMS Territory Manager – Virginia gave a brief overview of the operation and set-up of the AutoPulse™.	
6. NEW BUSINESS		
a. AEDs in the Workplace Discussion	Randy Abernathy addressed the committee asking them to make comment to the AHA when they make guideline changes that there are additional considerations (economic) that affect the communities in addition to the guidelines themselves. The change required for AEDs in the Community has created a tremendous economic impact as well as confusion for laypersons when being trained with new guidelines and yet the AEDs in the workplace continue to meet the old guidelines. Future AHA recommended guidelines must consider the economic impact that will be transferred to the communities.	
b. ACEP eACLS Programs	Tom Nevetral advised the committee the Office had approved a policy for eACLS programs. The American Academy Emergency Physicians (ACEP) has a new program that allows the ACLS didactic material to be offered on-line with the hands-on portion being demonstrated at an approved education center. Once the candidate successfully completes both portions then the ALS-Coordinator can submit a CE scan card for the candidate. (See the <i>Virginia Office of EMS Requirements for Approval of eACLS Programs</i> for more details).	
c. Physician Signature Requirements	There was a question to the requirement for a physician signature when the use of glucometry is utilized. Mike Berg advised that since glucometry is an invasive procedure a physician signature is required. “Invasive procedures must be signed by the practitioner.”	
d. NAEMSP Conference 2008	Sabina Braithwaite stated that the NAEMSP Conference 2008 committee (Phoenix) has offered the	

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	<p>Medical Direction Committee a room to host a meeting, if desired. It was noted that the conference schedule does not permit sufficient time to conduct the meeting during normal hours of the conference.</p> <p>It was also stated that www.nemsmdia.org presented an excellent presentation on EMS Medical Directors Professional Liability Insurance Program and it was suggested that Mr. Keith Wesley, MD wesleak@dhfs.state.wi.us be contacted to address the MDC at a future meeting on this topic.</p>	
e. OMD Signature on RSAF	It was asked if the signature line was added back on the RSAF application that requires the OMD signature for RSAF applications in the future. Warren Short advised that he would follow up with Amanda Davis, Grants Administrator on this issue.	
f. Performance Improvement Measures Bill	<p>HB 2161 – John O'Bannon - Emergency medical care system; adds provisions for additional performance improvement measures.</p> <p>Discussion involved asking the OEMS to be the responsible party and not to farm it out to the regional EMS councils. The Office should utilize the results from the PPCR data and determine appropriate benchmarks for the regional EMS councils to work towards.</p> <p>The OEMS Performance Improvement Specialist to be hired would provide staff support for a committee to look at the regional council improvement needs.</p>	Motion by Beth Cummins, D.O. that the medical Direction Committee make a recommendation that the Quality Assurance Committee devise and coordinate a Quality Improvement Program as indicated by recognized benchmarks. Seconded by Sabina Braithwaite, M.D...Motion Passed
g. VITA Programming Concerns	The committee raised questions on the progress of several projects that require programming and was advised that the Office has lost its' IT people who have been absorbed into Virginia Information & Technology Agency (VITA). The Office has not been able to provide significant progress on several issues due to these constraints.	Motion by Sabina Braithwaite, M.D. and seconded by Dave Garth, M.D. to have the committee chair write a letter to VITA explaining the committee's concerns with the consolidation of the Office IT staff.
7. OLD BUSINESS		
a. AHA/VDH Stroke Systems Plan Update	Keltcie Delamar was on hand to advise the committee that Virginia has gained momentum and appears to be ahead of other States in accomplishing the objectives of the Stroke Systems Plan. Tom Nevetral advised that the Office is working with Keltcie and Wayne Woo on developing a complete instructor package that includes lesson objectives, outlines, power point presentation and video that hopefully will be available on the Office web page that can be downloaded and presented by the various EMS agencies for continuing education (CE) credit. Warren Short advised that this project may be delayed again to the lack of availability to have IT personnel who can get the program on the web page. A solution may be to produce CDs that would be sent out to the various ALS-Coordiators for their use.	

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	Sabina Braithwaite, M.D. asked what the issues with stroke care are. It has been determined that public education and hospital education for appropriate stroke care interventions are of main focus.	
b. Draft of State OMD Responsibilities	<p>The committee members were asked to review the State OMD Scope of Work document with any comments to Scott Winston no later than the close of business February 19th. A webinar discussion will be held on February 26th beginning at 9:00 AM to review the new comments.</p> <p>Allen Yee, M.D. will serve as the Interim State OMD until a replacement can be hired. Allen Yee, M.D. is the OMD for Chesterfield County Fire & EMS.</p>	
c. Pandemic Influenza Focus	It was noted that VDH has an anti-viral distribution stash and plan.	
d. National Scope of Practice Impact Sub-Committee	<p>George Lindbeck, M.D. will be working with Peter Bruzzo, M.D. to come up with a meeting date for the next meeting.</p> <p>Peter Bruzzo, M.D. gave a presentation to the OMD Workshop at the symposium and the flavor of discussion was along the same context as during the MDC discussions. OMDs were asked to take the issue back to their prospective agencies and have discussions on how the proposed levels will have an impact on Virginia EMS.</p>	
8. ALS Training Funds & Accreditation Update	<p>Chad Blosser advised that there are four new EMT-Intermediate Candidate Sites:</p> <ul style="list-style-type: none"> • John Tyler Community College • Old Dominion EMS Alliance • Medical Careers Institute • Franklin County Public Safety Training Center <p>It was also noted that Laerdal SimBaby manikins had been acquired to loan to accredited programs.</p>	
9. NREMT Computer Based Testing Update	<p>Tom Nevetral advised that NREMT Computer Based (CBT) testing began January 1, 2007 and the NREMT-Intermediate written exams are computer based and the NREMT-Paramedic written examinations are computer adaptive testing.</p> <p>There have been some concerns noted with the hour of operations of some of the Pearson-Vue Testing Centers in Virginia.</p>	
10. Curriculum Review		
a. ALS	The Intermediate curriculum committee will be conducting a webinar to finalize their recommendations that should be brought to the MDC at their next meeting in April.	

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b. BLS	The BLS curriculum committee has assignments that they are working on and have not met since the last MDC meeting. Work for this committee is progressing.	
2007 Meeting Dates	<ul style="list-style-type: none"> • April 12, 2007 • July 12, 2007 • October 18, 2007 (moved from October 11 to accommodate national meeting conflict) 	
16. PUBLIC COMMENT	None	
17. GOOD OF THE ORDER	Kim Mitchell, M.D. Chair for MDC advised that she will be leaving Virginia to move to Illinois to be closer to family after the April Medical Direction Committee meeting. The MDC wishes Kim the best in her new move.	
18. ADJOURNMENT	NEXT MEETING April 12, 2007 10:30 A.M. Richmond Marriott West	