

## Medical Director Liaison Committee Meeting

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**July 25th, 2022; ECC**

**Liaison Committee Members present:** Dr. Ryan Jacobsen – Medical Director, Melody Morales-Medical Director Office, Chris Pagano Shawnee FD, Bruce Hartig / Jake Ring Olathe FD, Tom Miller / Matt Logue Lenexa FD, Darren Butler MED-ACT, Colby Stanchfield JCFD1, Brian Devader NWCDF, Brian Schoenig Med-ACT, Mike Morgan CFD2, Scott Gilmore Leawood FD, Stacy Jones-Medical Director Office,

**Others in attendance:** Jonathan Kaplan MED-ACT, Angela Caruso-Yahne OPFD

**Members absent:** Jason Green OPFD, Jake Ruthstrom – Deputy Medical Director, Adiel Garcia MED-ACT

TOPIC	PRESENTER	PREVIOUS ACTION ITEMS	DISCUSSION	ACTION
<b>Old Business:</b>				
Credentialing	Dr. Jacobsen/Melody/Stacy		<p>Proposal was made from department about adding skills dictionary to protocol app. Group in favor of adding to the app. Questions for clarification was if this would slow down the app if we were to download the large document.</p> <p>In regards to EMSTesting, if a departments has a provider that is going from a lower provider level to a higher level of provider they just need to login and use the course code linked to that course (paramedic, AEMT, or EMT) and it should prompt them to enter in payment info. They will need to then enter in their access card info and then enroll in the desired classes.</p> <p>EMT's will be required to be credentialed in 2023.</p> <p>There will be an optional skill for EMT's (assembly of pre-loads). If the departments desire for their EMT's to do this skill they will need to add this skill to the required skills for EMT's.</p>	

## Medical Director Liaison Committee Meeting

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PSO/CPS	Melody Morales		<p>Just Culture training links for management and for staff sent out again for any departments that have desire to train their newly promoted staff or new providers.</p> <p>Question asked about if we have a policy for CPS/PSO work. OMD office will find the policy and send out to group. There will likely need to be updates to the policy since we have gotten more experience, departments have changed, etc.</p> <p>Discussion around not emailing details of verge entries or feedback on verge entries. The preference is to call, zoom, or in person share info. or obtain info. on a verge entry. This allows for details of an event to remain in the protected realm of PSO work. The caveat of this would be if you have a separate workflow for PSO work. This is addressed in the policy.</p> <p>All documents around Verge entries should be stored in a secure location. This can include a physical locked file cabinet or a folder on computer that has limited access or can be password protected.</p>	
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## Medical Director Liaison Committee Meeting

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EMS Education Committee	Melody Morales		<p>Adiel will be working on proposing the 2023 s&amp;s schedule in Aug. He will bring the draft to the Training Chiefs for approval.</p> <p>MED-ACT wrote a letter to KBEMS supporting and encouraging KBEMS to support NREMT in sunsetting the psychomotor exam for paramedic graduates. IF anyone wants this letter feel free to reach out to Adiel.</p>	
Long Term Simulation	Mike Morgan		<p>Training Chiefs talked about adding an Instructor Course to the list of trainings that are conducted annually for the system.</p>	
Logistics/Shortages	Darren Butler/Dr. Jacobsen		<p><b>Shortages:</b></p> <p><b>EPINEPHRINE PRE-LOADS</b></p> <p>All departments have been able to replace their expired Epi pre-loads except for Leawood. Contacts given to Scott to help try to locate replacements.</p> <p><b>D10</b></p> <p>Support Services currently only has 52 bags of D10. Ambulances have 4 bags on each truck. We estimate we will run out in about 2 months at the current rate of use. Dr. Jacobsen will be sending out a memo encouraging conservation of D10 and using it only when absolutely necessary (seizing, etc.). We have looked at all possibilities of dextrose and have not found a solution. We have even contacted compound pharmacies and they have said they</p>	

## Medical Director Liaison Committee Meeting

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			will not compound dextrose. Hospitals have no extra resources for us as they are on a limited supply as well. Daren will look into D70 to see if that is a potential.	
Process for Clinical Change/Equipment Needs/Concerns	Dr. Jacobsen		<p><b>Pit Crew CPR</b> Principles based document has been shared with Ops Chiefs. They had a few minor changes. We are waiting to get feedback from the roles/tasks document from this group as well as the pit crew cpr workgroup. We will also share with ops chiefs for their feedback once edits have been made based on feedback.</p> <p><b>New Equipment Issues</b> ReadyCric has a backorder. IF we are unable to get them by 2023, we have the option of making our own kits. We are looking at</p> <p><b>Video Laryngoscopy</b> Email has been sent to the reps for CMAC and Glidescope to see if they can demo products for us on our next MDLC meeting date (Aug. 22nd)</p>	
New Business				
Abbott Freestyle Precision H glucose meter	Dr. Jacobsen		MicroDot rep showed up to Olathe and stated our current glucometer is not approved for multi-patient use. Indianapolis uses these meters as well as Miami County.	Stacy to look into

## Medical Director Liaison Committee Meeting

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			We will look into this further. We have not looked into this yet, but Stacy will be looking into details around this.
ECG Electrodes	Angela Caruso-Yahne		OPFD is piloting the new electrodes and hopefully they will have an update for the group by the next meeting.
New protocol app	Melody		<p>With the protocol updates, Melody will be making any reference made in the protocols to link to that document within the app. For example, whenever the protocol states “see Trauma protocol” the provider will be able to click on the text and it will take them directly to the trauma protocol. Melody is also looking into making the phone numbers active.</p> <p>Group seemed to think that we should stick with current protocol app and make the updates indicated above. There was conversation about the main issue likely being that providers are not comfortable with the app and may be most of the frustration.</p>
Tele911	Dr. Jacobsen		<p>We have had a couple of meetins with a company called Tele911. This company allows for providers on scene to contact EM physicians via telehealth. The goal is to work with clients that are wanting to refuse transport and they can evaluate to see if they need to go to the hospital or if they can stay home safely and follow-up or prescribe something so that the patient is safe. There is a SW that follows-up with clients that stay at home within 24 hours. They have internal QA, surveys to ask providers feedback on process, and are able to send us reports on our numbers. They can also send us reports on clients they were unable to follow-up with and that could be potential</p>

## Medical Director Liaison Committee Meeting

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			clients MIH could try to target for outreach. The Chiefs seemed interested in this. We will have a stakeholder meeting with the company at some point. We are still in the learning phases.	
12F NG tubes	Kaplan		There is a shortage of 10F NG tubes. MED-ACT has ordered 12F NG tubes. So, crews will be seeing 10 and 12F NG tubes in the system.	
Narcan	Morgan		<p>Morgan asked question about using Nitro paste or Nitro spray. Dr. Jacobsen mentioned that we really don't know how well it is absorbed in the pt's skin. It varies patient to patient. So, it is not encouraged in EMS Setting.</p> <p>Nitro spray was also discussed. There was also a discussion around fire departments not carrying and only being stored on MED-ACT units. There was concern voiced over this and the group decided to move this discussion to the Inventory Work Group.</p>	
Next Meeting			August 22, 2022	
Adjournment			1518 hrs	