

**South Carolina EMS Advisory Council Meeting
Columbia Mills Building
301 Gervais Street, Columbia
September 12, 2019
10:00 am**

<i>MEMBERS PRESENT</i>	<i>MEMBERS ABSENT</i>	<i>DHEC STAFF</i>
Ed DesChamps, MD, Chair	Ryan Barnett	Rob Wronski
Garrett Clanton, MD	Spencer Robinson, MD	Arnold Alier
David French, MD (phone)	Joel Decker	Jessica Schmittle
Kelley Carlton(phone)	Chris Bowers	Mary Neely
Kate Smith (proxy for Debbie Hession) phone	Chris Gainey, MD	Karen Moore
Antoine Kelly	John Williams	
Julie Jones (phone)	Sarah Craig	
Doug Warren	Brett McGary, MD	
Chris Cothran	Phil Clarke	
Mark Self		
Richard Mann (phone)		
Matt Morris (phone)		
Ryon Watkins		
Scott Stoller (phone)		
Crystal Youmans		

VISITORS PRESENT: Michael Beale, Julie McCabe, Marcus Hill, Keith Wehrung, Yarley Steedly, Rob Black, David Hudson, Thomas Edwards, Jimmie Williamson, Wendy Lee, Mike George (NOTE: If you do not print your name **legibly**, I record you as a visitor.)

<i>AGENDA ITEMS</i>	<i>DISCUSSION/ACTION</i>
CALL TO ORDER	Dr. DesChamps called the meeting to order.
FREEDOM OF INFORMATION ACT	Ms. Neely read the Freedom of Information Act.
ROLL CALL	Ms. Neely called the Roll.
APPROVAL OF MINUTES	<i>Mr. Watkins made a motion to accept the minutes. Ms. Youmans seconded, and the motion passed.</i>
DHECREPORTS Grant in Aid	Mr. Wronski announced the Grant in Aid and Trauma letters are ready to mail. There is a change in the General Proviso this year; in addition to the usual required documents (signed letter, application form, and budgets) there are new requirements. Applicants must list goals to be accomplished with the items bought and proposed measures to evaluate the success in implementing and meeting those goals. Also, before June 30, 2020, those who receive funds must report back to DHEC how the performance measures were met. Discussion followed

<p>Hurricane Invoices</p> <p>POST</p> <p>Video Laryngoscopes</p> <p>Narcan Statistics</p> <p>Cricothyrotomies</p>	<p>Mr. Wronski stated a billing number was given to agencies who assisted the Bureau during the hurricane with transporting individuals with special medical needs. You will need to include that number on form 1500 for reimbursement. It is the same process as last year. The deadline is November 15, 2019.</p> <p>Mr. Wronski reported the new Physician Orders for Scope of Practice (POST) is now law and has more specificity of a patients wishes and what their physician desires, beyond Do Not Resuscitate. The DNR is still in effect. Mr. Wronski said the Bureau has been tasked with developing the new POST form, add it to the DHEC website, and provide training to healthcare providers across the whole continuum of care. Discussion followed.</p> <p>Mr. Wronski stated the Laryngoscope contracts are being processed by the Contracts Office. Mandatory training is also part of the Grant and more information will be coming. Discussion followed.</p> <p>Mr. Wronski reported to date: 9300 Police officers have been trained to administer Narcan and there have been 996 Narcan deployments.</p> <p>3050 Firefighters have been trained to administer Narcan and there have been 30 Narcan deployments from Firefighters and non-EMS agencies.</p> <p>The Community Paramedic Outreach Program (Cope) assists individuals who receive Narcan enter a treatment program. COPE currently has 160 contacts in its system.</p> <p>Dr. Alier stated the Medical Control Committee asked the State to develop a draft Q and A post action form for cricothyrotomies. This is for the Medical Control Physician to review after a cricothyrotomy and DHEC gets a copy as well. Discussion followed</p>
<p>COUNCIL AND COMMITTEE REPORTS Trauma Advisory Council</p>	<p>Mrs. Moore reminded the Council the next Trauma Advisory Council meeting is Wednesday, October 23 because the SE Trauma Symposium is on Thursday, October 24. The TAC meeting will be held at the ETV campus.</p>

<p>Medical Control Committee Blood Pilot</p>	<p>A Blood Pilot Project was presented to the Committee. Dr. Clanton reported it was favorably received. However, the presenters decided to withdraw the Pilot as a research project and resubmit later as a SOP protocol.</p>
<p>Chest Insertion Sites</p>	<p>Dr. Clanton stated the Protocols list an anterior insertion site as preferred. New information presented suggests trying a lateral approach first. Discussion followed. It was decided to send issue to the TAC for review.</p>
<p>Ketamine</p>	<p>Dr. Clanton said the Medical Control Committee approved revising the standing order pain protocol to allow Ketamine as a 1st line agent.</p>
<p>Haldol</p>	<p>Motion from the Medical Control Committee: The MCC approved the request to add Haldon to formulary, largely because of the expense of Geodon, which is already on the Formulary. Discussion followed. <i>Mr. Self made a motion and Mr. Warren seconded. The motion passed.</i></p>
<p>Training Committee Certification Process</p>	<p>Ms. Schmittle stated a major issue slowing down the certification process is missing required information, specifically, the SC numbers. It is difficult to differentiate individuals with similar names without the SC number. Additionally, Ms. Schmittle asked that individuals use their legal name on profiles and all communication with the State.</p>
<p>EMS Symposium</p>	<p>Ms. Schmittle announced classes being offered at the EMS Symposium: CME course for Medical Control Physicians EMT and CEP Orientations 2 sessions of CEP updates Discussion followed.</p>
<p>NREMT Advance Representatives</p>	<p>Ms. Schmittle said more NREMT representatives are needed in the state. She is hoping to have Representatives located throughout the state, not just in a few areas.</p>
<p>Critical Care Paramedics</p>	<p>Ms. Smith reported the Critical Care Paramedic workgroup met in July and will meet again in October. Discussion followed.</p>

<p>EMS for Children Peds Ready Emergency Departments</p>	<p>Mrs. Moore said Committee is still working on the Peds Ready Initiative to recognize Emergency Department hospitals as ready for pediatric patients. Mrs. Moore will be speaking on the topic at the Rural Health Conference to encourage hospitals to participate.</p>
<p>EMS Peds Ready Initiative</p>	<p>Mrs. Moore stated the EMS Peds Ready Initiative is in early stages, making EMS agencies Peds ready as well. The first workgroup meets in October. Additionally, the EMS Advisory Council approved a job role for a Pediatric Emergency Coordinator at EMS agencies. This position will be listed in Continuum in the rosters.</p>
<p>National EMSC Meeting</p>	<p>Mrs. Moore was asked to speak at the National EMSC meeting in Washington, DC, representing a progressive program that is doing well.</p>
<p>Stroke Advisory Council Last Known Well Time</p>	<p>The Stroke Advisory Council made the recommendation to change in the “last known well time” in mandatory Stoke Triage and Transport Guidelines. Discussion followed <i>The motion was to change the “last known well time” from 7 hours to 24 hours. The motion passed.</i></p>
<p>Stroke Center Status Change and Transporting Patients</p>	<p>Mr. Wronski stated the Stroke Advisory Council recommended allowing EMS agencies to transport to a hospital or Stroke Center that has applied for a change from their current status to a proposed status (ASRH, PSC, TSC, CSC). The approval will allow transport to facilities conducting procedures needed for the status change. <i>The Medical Control Physician has ultimate authority to decide where to transport patients.</i> DHEC will not penalize an agency for either decision. This recommendation was sent to MCC, but motion was tabled until next meeting pending more information and discussion. Discussion followed.</p>
<p>Stroke Registry</p>	<p>Mr. Wronski reported that few hospitals/stoke centers send the State invoices for the Stroke Registry. The unused funds become carry forward funds and the State uses for stroke-related things: Stoke Week, Stroke Day and some was given to the Hospital Association to buy stroke related items for all hospitals in SC.</p>

