

CLINICAL ISSUES COMMITTEE MINUTES

Committee Minutes	Clinical Issues Committee Meeting
Date	June 3, 2022
Time	10:00 am CST
Location	665 Mainstream Drive, Iris Room
Participants	Members present: Dr. Joe Holley, Jeffrey Feike, Kevin Nooner, Randy White, Dwight Davis, Angela Bowen, Chip Ward, Russell Gupton, Kevin Spratlin, Hugh Laxton, Rob Seesholtz, Hunter Earnest, Tim Booher

Overall Lead	Topic	Summary / Decision	Assignments / Next Steps	Responsible Person	Time Frame
Dr. Joe Holley	Roll Call	The meeting was called to order by Dr. Holley at 1009. Dr. Holley conducted a roll call by sign-in sheet, and a quorum was present.	n/a	n/a	n/a
Dr. Joe Holley	Old Minutes	Minutes were presented and elicited any feedback or corrections. Motion for approval by Feike and second by Bowen. Minutes were approved unanimously.	n/a	n/a	n/a
Dr. Joe Holley	COVID Impacts	Continuing to see less significantly ill or fatality cases. Most EMS services continue to take PPE precautions for patient contacts and procedures. Hospital admissions of COVID cases in Tennessee have remained consistent around 200 admissions for some time but have seen an increase over the past two weeks to around 400 admitted cases. We could use this as a surrogate for the actual number of cases due to lack of public testing. "Long COVID" continues to be an ongoing issue.	n/a	n/a	n/a
Dr. Joe Holley	NAEMSP Website	Several chapter members are going to present at the upcoming conference. No other updates.	n/a	n/a	n/a
Dr. Joe Holley	Changing THC Rules/Decriminalization	No updates.	n/a	n/a	n/a
Dr. Joe Holley	Protocol Updates / Scope of Practice	Dr. Holley has updated all approved clinical practices and presented those at the previous board meeting. Added information that items could be taught at the service level if not taught during formal schooling. Requested the EMS Board to reinforce that all items in	Present updated 2022- 2023 protocols to EMS Board for approval	Dr. Joe Holley	June 15, 2022

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		<p>the scope of practice should be taught during the course.</p> <p>Dr. Holley also recognized that the State scope of practice does not match the national guidelines in some cases. In this year’s revision, the protocols were aligned with the national scope of practice. Attempted to realign these in the introductory paragraphs to add clarity. OB protocol was revised based on recommendations related to medications related to maternal hemorrhage. These were submitted to the State EMS office and plan to present at the upcoming EMS Board meeting for approval. Brief presentation of example of changes presented. Motion to approve by Feike and second by Booher. No further discussion and approved unanimously.</p>			
<p>Dr. Joe Holley</p>	<p>Updates and Consistent definitions across the state for hospital status</p>	<p>During the exit meeting from a recent consultative visit by American College of Surgeons Committee on Trauma to evaluate trauma system in the Memphis area, they provided some feedback on the trauma system in general for Tennessee. One of the concerns was the lack of consistency in definitions in different parts of the state related to hospital status, i.e., diversion status and critical advisory. Discussion that in many cases there is minimal difference in practice for EMS between the two terms, both reflecting the hospital is requesting no additional patients. Non-trauma centers do not have the technical ability to enter a “diversion” status in Tennessee, however this is frequently used by non-trauma centers. Healthcare Resource Tracking System (HRTS) utilizes “Advisory”, “Diversion” and “Normal” status. HRTS is currently being revised and is managed by Emergency Planning. Discussed collaboration with Tennessee Hospital Association (THA) on this issue</p>	<p>Present situation and need to RMCC committee and HRTS revision</p>	<p>Chip Cook</p>	<p>Next RMCC meeting</p>

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		<p>following initial discussion with Regional Medical Communication Centers (RMCC). Discussed working with Healthcare Facilities Board, however the Healthcare Facilities Board will no longer be under the Board of Health and under a newly created division. Consensus to share information and concern with RMCCs to develop standardized language across the State.</p> <p>Services are experiencing a situation where there is a conflict between patient choice and what is best for the local healthcare system. The current practice is to allow for the determination of “closest appropriate facility” by EMS personnel based on current situations. There is formally from the State on this issue and would need clarification by the Board. This is often being clarified by local policy.</p>			
Dr. Joe Holley	Old Business	None presented.	n/a	n/a	n/a
Dr. Joe Holley	New Business	<ul style="list-style-type: none"> • Briefly discussed legislative impact to the EMS Board and standing committees. Should get additional information at the June 15, 2022, EMS Board meeting. • Consideration for initiation of blood products for scope of practice for paramedics. Context of request was a flight paramedic without critical care endorsement who completed a ground transport with local EMS when there was a need to administer blood. There is an approved clinical practice for a critical care endorsed paramedic to initiate blood product administration and a paramedic to maintain and continue blood product administration. In Region V, many of the flight paramedics are critical care paramedics. Discussion of the current regulations for air medical programs require paramedics to be either 	n/a	n/a	n/a

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		Flight Paramedic – Certified (FP-C) or have Critical Care endorsement. There could be a situation where a flight paramedic had not undergone formal critical care training. Consensus by the Committee to allow the current clinical practices to stand without changes.			
	Next Meeting	September 7, 2022, at 10am in Iris Room	n/a	n/a	n/a
	Adjournment	Motion to adjourn passed unanimously at 1131.	n/a	n/a	n/a

Minutes recorded and submitted by Kevin Nooner. Minutes are not necessarily recorded in order of discussion.