

**PINELLAS COUNTY
EMERGENCY MEDICAL SERVICES
MEDICAL CONTROL BOARD**

**MEETING MINUTES
March 21, 2024**

The Pinellas County Emergency Medical Services Medical Control Board met in person at the John Morroni EMS & Fire Administration Building, 12490 Ulmerton Road, Conference Room 130, Largo, Florida, at 10:00 A.M. on this date with the following members present:

Nancy Hopkins, Morton Plant Mease Healthcare (Alternate) – Chair
Dr. Brian Charity, Morton Plant Hospital (Alternate)
Dr. Jose Barquin, AdventHealth North Pinellas
Dr. Matt Nelson, St. Anthony’s Hospital (Alternate)
Matthew Novak, Morton Plant Mease Healthcare
Brent Burish, Florida Pasadena Hospital
Dr. Meghan Martin, Pediatric Physician
Dr. Krista Gillis, Bayfront Health St. Petersburg

Members Not Present:

Dr. Stephen Haire, Morton Plant Hospital – Chair
Dr. Roberto Bellini, Mease Countryside Hospital
Dr. Jennifer Pearson, C.W. Bill Young V.A. Medical Center – Vice Chairman
Amy Russell, Largo Medical Center
Lacey Rains, Largo Medical Center (Alternate)
Dr. Joseph Namey, Pinellas County Osteopathic Medical Society – Secretary
Dr. Anthony Ottaviani, Pinellas County Osteopathic Medical Society – (Alternate)

Staff Present:

Patrick Allman, County Attorney’s Office
Dr. Angus Jameson, EMS Medical Director
Dr. Michael Lozano, EMS Medical Director
Craig Hare, Director, EMS & Fire Administration
Mark Eggers, EMS & Fire Administration
Katie Bower, EMS & Fire Administration
David Hudak, EMS & Fire Administration
Michelle Slawinski, EMS & Fire Administration
Michael Hammond, Regional 911
EMS & Fire Administration
Lynn Abbott, EMS & Fire Administration

Also Present:

Dr. Sebastian Strom, Largo Medical Center
Richard Schomp, Sunstar Paramedics
Jazmin Soloman, Sunstar Paramedics
Chief Tony Tedesco, Clearwater Fire Rescue

CALL TO ORDER AND ROLL CALL

Craig Hare shared that Dr. Stephen Haire is unable to attend today’s meeting, and Nancy Hopkins stepped in as Chair. Ms. Hopkins called the meeting to order at 10:04 A.M.

Roll call was taken, and Lynn Abbott determined that a quorum was present. There were 8 voting members in attendance.

Ms. Hopkins related that the December 14, 2023 MCB meeting was canceled.

MINUTES OF THE SEPTEMBER 28, 2023 MEETING - APPROVED

Upon presentation by Ms. Hopkins, Dr. Jose Barquin moved, seconded by Dr. Matt Nelson and carried unanimously, that the minutes of the September 28, 2023 EMS Medical Control Board meeting be approved.

Craig Hare indicated that Dr. Haire is retiring from Morton Plant Hospital after 28 years and will be cycling off of the Medical Control Board (MCB), noting plans to recognize Dr. Haire at the next MCB meeting scheduled to take place on June 20, 2024.

ELECTION OF OFFICERS

- Appointment of Chair – Following discussion regarding bylaws, the election process, and nominations for Chair, Brent Burish moved, seconded by Dr. Megan Martin, that Dr. Matt Nelson be appointed Chair of the EMS Medical Control Board, for a two-year term ending March 2026. Upon call for the vote, the motion was approved unanimously.
- Appointment of Vice-Chair – Following discussion regarding nominations for Vice-Chair, Brent Burish volunteered for the Vice-Chair position and moved, seconded by Dr. Matt Nelson, that he, Brent Burish, be appointed Vice-Chair of the EMS Medical Control Board, for a two-year term ending March 2026. Upon call for the vote, the motion was approved unanimously.
- Appointment of Secretary – Following discussion regarding nominations for Secretary, Dr. Matt Nelson moved, seconded by Dr. Megan Martin, that Dr. Jose Barquin be appointed Secretary of the EMS Medical Control Board, for a two-year term ending March 2026. Upon call for the vote, the motion was approved unanimously.

Ms. Hopkins passed the gavel to Dr. Matt Nelson, who chaired the remainder of the MCB meeting.

CITIZENS TO BE HEARD

There were no citizens to be heard.

CLINICAL UPDATES

- Protocol Revision Packet - APPROVED: Referring to documents titled *2024 Quarter 2 Medical Operations Manual (MOM) Updates, Pinellas County EMS MOM Volume 1, Clinical Operating Guidelines, and Pinellas County EMS MOM Volume 2, Administrative*, Dr. Jameson provided an overview of the various changes to the Pinellas County Emergency Medical Services' Clinical Operating and Administrative guidelines.

Following discussion, Dr. Jose Barquin moved, seconded by Dr. Krista Gillis, that the updates to *Pinellas County EMS Medical Operations Manual (MOM) Volume 1, Clinical Operating Guidelines, and Pinellas County EMS MOM Volume 2, Administrative*, be approved. Upon call for the vote, the motion was approved unanimously.

- Witness Signature: Dr. Jameson shared that the system is considering a change to the current patient refusal process in which a paramedic would get a signature from the patient or surrogate decision-maker and a third-party witness, by deleting the requirement to get a witness signature, noting the document has a narrative section describing the circumstances of the refusal and decisional capacity of the patient. Upon query by Dr. Jameson, members expressed no concerns or objections to the revision.
- Leave Behind Narcan Program: Dr. Jameson referred to a document titled *Fusion Group Leave Behind Narcan*, page 6, and presented an overview of the program whereby Narcan kits are distributed within the EMS system so that people experiencing an overdose can be resuscitated. He provided statistical information regarding kit distribution for 2023 and 2024 and relayed there has been a significant drop in fatalities in Pinellas County in the second half of last year, noting kit contents and deployment strategies. Discussion ensued.
- Freestanding ED (FSED) Utilization: Referring to a document titled *Freestanding Emergency Department Brief*, Dr. Jameson noted that he has not been able to appreciate significant changes in the appropriation of FSEDs. He shared that the system will continue to monitor utilization.

Following discussion, Chair Nelson suggested that the Freestanding ER Protocol Subcommittee meet again to review updated data on FSEDs; whereupon, Dr. Jose Barquin moved, seconded by Brent Burish and carried unanimously, that the Freestanding ER Protocol Subcommittee be reconvened.

- Upcoming Triage Study: Dr. Jameson discussed plans for an upcoming study to evaluate the way patients are triaged when it comes to an Active Shooter event, noting that START and JumpSTART were historically used for Pediatrics. Rapid Assessment of Mentation and Pulse (RAMP) triage scheme may be a superior process because it allows life-saving interventions to be done as patients are processed, noting there are fewer color categories. He related that student paramedics will move through an Active Shooter scenario, and data will be collected on how long the triage process takes, quality of care, and field crew feedback.
- Tranexamic Acid (TXA) Deployment: Dr. Jameson related there has been a lot of debate of TXA in the trauma, ER, and prehospital communities, noting a recent article has come out with meta-analysis showing moderate benefit in one-month mortality with a strong level of evidence of similar moderate benefit for 24-hour mortality. After review by the USF EMS Faculty Journal Club, he believes there is now enough evidence to support prehospital deployment of TXA, adding that the findings send a strong signal that earlier intervention is better and can be done in the field pretty easily at minimal cost. A protocol revision will likely be brought to the next MCB meeting to add TXA to the field. Discussion ensued regarding use of TXA on pediatric/trauma patients and administration through the deployment of blood products.
- Mean Arterial Pressure (MAP)/Shock Index Adoption: Dr. Jameson shared that we are looking at revamping the way resuscitations are guided and exploring the idea of converting our medical resuscitation goals to MAP instead of a systolic pressure, noting that there is good evidence that MAP is more reliable, particularly with automatic blood pressure cuffs.

EMS SYSTEM UPDATE

Craig Hare provided an overview of the following topics:

- **Staffing**: Mark Eggers has been promoted to Division Manager overseeing Clinical Services. Katie Bower has joined our staff as the new EMS Training Manager. Chris Jordan has left the QA Coordinator position to teach the EMS program at St. Pete College. Michael Hammond has come from Regional 9-1-1 to assist with Quality Assurance until the position is filled. Steve Fravel is retiring as Credentialing Coordinator at the end of the month after 22 years with the County and 33 years in the field with Hillsborough, Pasco, and Pinellas Counties.
- **LifePak 15**: Finished deployment of 240 cardiac monitors across Fire Rescue and Sunstar.
- **ImageTrend**: Implementation of new medical records system, Fire and Medical reports, completed before Christmas. Fire Rescue and Sunstar are live.
- **Hexagon**: The unified CAD project is going well and on track. PRIME group to bring local law enforcement, 9-1-1, Pinellas County Sheriff's Office, Fire Rescue, and Sunstar to one common dispatch system. Implementation planned for second quarter of 2025. Plans to configure, fully test, train, and deploy agency by agency.
- **First Responder**: Budgets are in, seeing a lot of cost increases for personnel and delayed equipment/truck purchases. Plans to hold on some systemwide enhancements and focus on mid-County improvements with (1) breaking ground on a new Largo Station 39 at Wilcox and Ulmerton; (2) received clearance from the County Administrator to move forward with a new Redington Beach EMS Station, in partnership with Madeira Beach to construct and staff the building and strong support with Redington mayors; (3) in the design phase for a new Seminole station in the Bay Pines area on 100th Way; and (4) working with Pinellas Suncoast to build a new station in North Indian Rocks to improve response times.
- **Ambulance Request For Proposals (RFP) Update**: Bids are in, and RFP Evaluation Committee has ranked-ordered Paramedical Logistics as No. 1, AMR as No. 2, and Falck as No. 3. Recommendations presented yesterday to County Administration, EMS Advisory Council presentation tomorrow, and BCC to be briefed in the next week or two. Plans to bring forward a service agreement with a five year-term and two 3-year extensions. Resetting to a new five-year plan by adding 10 BLS and 5 ALS ambulances focusing on hospital discharge and meeting response times. New three-year collective bargaining agreement from the ambulance union is in place.

Dr. Brian Charity brought up concerns related to critical care/FSED transports/discharges and hospital issues with sending more staff to assist with ALS units. Mr. Hare related that it would be a great idea to share data with the hospitals on a monthly basis perhaps with new software, and he and Richard Schomp will work to find a solution. The contract is being made as a non-exclusive agreement, due to the high system call volume, to allow Fire Rescue transports to reduce delays and improve transport times. Dr. Jameson shared plans to deploy more IV pumps into the system as well. New contract starts October 1.

- Active Assailant: EMS and Fire Working Group is meeting monthly. Provided an overview of the new Active Assailant response plan, consisting of 28 responding apparatus with 45 personnel – currently working to determine what those roles would be. Plans to invite hospital administrators to help create a hospital support plan. Shared information on a regional drill with All Children’s Hospital, Bayfront, and St. Anthony’s on April 24. Noted that the PRIME Committee members, comprised of the Sheriff, local law enforcement, County staff, Fire Chiefs, 9-1-1, and hospital representation, has combined approximately 13 different Active Assailant SOPs into one comprehensive countywide Mass Casualty plan.
- Trauma Triage Study: Provided information on the upcoming study. Prehospital Trauma Life Support (PHTLS) training to be offered over the summer, wrapping up this year’s focus on trauma.
- Data Exchange and STEMI Transmission Resolution – DEFERRED/Subcommittee - APPROVED: Presented information on the integration of an HL-7 bi-directional data-sharing connection between the hospitals and County EMS, noting challenges with the current system’s data transference process via a web portal where clinicians have to log in, pull up, manually save, and send reports, all while providing patient care. Mr. Hare pointed out the benefits of having automated transmission of EMS patient care reports, 12-lead cardiograms for STEMI patients, and patient demographics/outcome data to support quality assurance and standard of care improvements.

Mr. Hare indicated that he would like to gauge the support of this Board regarding the creation of a bi-directional EMS-Hospital Data Exchange and 12-Lead Cardiogram policy and priority implementation within the next six months. Members relayed data security and corporate compliance concerns, noting that support for any policy would be dependent on interface settings, user access, and liability controls. Mr. Hare provided information on the type of data connection sought, noting that access would be restricted to the Medical Directors and Quality Assurance staff; that the County would be open to a data-sharing agreement; and that the creation of a subcommittee would be a good place to work out various protocol, IT, and legal issues.

Following discussion, Mr. Hare indicated that, from a leadership standpoint, the overarching goal is to give the EMS system the ability to exchange data with hospital systems, and members agreed that a good next step would be the creation of a subcommittee of stakeholders. Dr. Jameson discussed the clinical need for the bi-directional connection and related that our system is not transmitting pre-arrival 12-leads to a number of Pinellas County hospitals; whereupon, he shared that he cannot tell you our neurologically intact survival rate for cardiac arrests; that he cannot tell you what type patients are delivered to your ER; or that he cannot declare a STEMI alert that ended up being a STEMI, noting the stymy of refining our cardiac arrest resuscitation strategies because that information is not available from our hospitals.

Dr. Sebastian Strom asked whether a health information exchange with established IT funnels could be an alternate route rather than creating a new bi-directional exchange of information. Dr. Jameson stated that the State is on the NEMESIS network and related that his understanding is that the health information exchange would not work without an intermediary because Pinellas County uses a different health language. He commented there is no obvious hurdle from a regulatory standpoint. Mr. Hare related that the County’s medical records system vendor is ImageTrend and has successfully integrated with Epic and Cerner systems.

Following lengthy discussion, Mr. Hare presented a document titled *Pinellas County Emergency Medical Services Medical Control Board Resolution 24-01* and shared that the document is open for discussion and question. Mr. Novak shared his concerns regarding Item No. 3, the six-month timeline for implementation, and Mr. Hare offered to change the word “implement” to “progress.” Dr. Barquin requested the engagement of hospital IT teams with the County’s resources to understand the software language and access needs so he can help to facilitate a smoother transaction; whereupon, Mr. Hare offered a friendly amendment in Item No. 3, to “implement or demonstrate progress.” Dr. Barquin and members agreed on the importance of data-sharing. Dr. Barquin commented that it would be great to be able to pull up an EMS report from a year so and compare it to a current one to harness that data for future intervention and suggested amending the language “definitive progress within six months” to Item No. 3.

Mr. Hare indicated that he is seeking more of a community, rather than individual, consensus and queried whether the members believe they would be able to land the data-sharing agreement with their respective hospitals. Dr. Jameson reiterated that the resolution is asking that the members, as representatives of their systems that serve as a community consensus, to endorse the fact that data-sharing should be a goal of our system. Upon query, Dr. Jameson indicated that the data requested would be procedural and discharge codes to be able to improve quality assurance. Discussion ensued.

Dr. Barquin related the importance of receiving technical specifications in order to get actionable results for quicker implementation. Mr. Hare related that starting the process for a bi-directional exchange of information is an EMS system priority. Members indicated that they were not prepared to vote on this item today and that a subcommittee should be convened to discuss the matter.

Mr. Novak moved, seconded by Dr. Barquin and carried unanimously, that the item be tabled and that a subcommittee be established to move the topic forward. Attorney Patrick Allman stated that the data-sharing resolution was deferred at this time; that a subcommittee will be created to discuss moving forward with the bi-directional data-sharing agreement; and that the item can be presented at the next Medical Control Board meeting on June 20, 2024.

- Lifeline Transports: Lifeline is no longer transporting trauma patients. We are transitioning to Aeromed at Tampa General for helicopter trauma patients to ensure that we have the closest helicopter dispatch.

NEXT SCHEDULED MEETING

The next meeting is scheduled for June 20, 2024, to be held in-person at the John Morroni EMS & Fire Administration Building, 12490 Ulmerton Road, Conference Room 130, Largo, Florida, at 10:00 A.M.

ADJOURNMENT

Chair Nelson adjourned the meeting at 11:44 A.M.

Audio and any correspondence received for this meeting is on file at the Pinellas County EMS & Fire Administration.