

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

**ANNUAL MEETING MINUTES
March 16, 2023**

The Pinellas County Emergency Medical Services Medical Control Board met in person at the John Morrone 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:

Dr. Stephen Haire, Morton Plant Hospital – Chair
Dr. Jennifer Pearson, C.W. Bill Young V.A. Medical Center – Vice Chairman
Dr. Joseph Namey, Pinellas County Osteopathic Medical Society – Secretary
Dr. Jose Barquin, AdventHealth North Pinellas
Brent Burish, Florida Pasadena Hospital
Nancy Hopkins, Morton Plant Mease Healthcare (Alternate)
Dr. Matt Nelson, St. Anthony's Hospital (Alternate)
Lacey Rains, Largo Medical Center (Alternate)

Members Not Present:

Dr. Roberto Bellini, Mease Countryside Hospital
Dr. Meghan Martin, Pediatric Physician
Dr. Krista Gillis, Bayfront Health St. Petersburg
Dr. Taylor Smith, Bayfront Health St. Petersburg (Alternate)

Staff Present:

Cody Ward, County Attorney's Office
Dr. Angus Jameson, EMS Medical Director
Dr. Donna Dooley, Associate Medical Director
Dr. Andrew Smith, Associate Medical Director
Dr. Andrew Kropp, Associate Medical Director
James Fogarty, Director, Safety & Emergency Services
David Hare, Deputy Director, Safety & Emergency Services
Craig Hare, Director, EMS & Fire Administration
Ken Grimes, Director, EMS Fire & Administration
Chris Jordan, EMS & Fire Administration
Lynn Abbott, EMS & Fire Administration

Also Present:

Richard Schomp, Sunstar Paramedics
Jeremy Tinter, Sunstar Paramedics
Jazmin Soloman, Sunstar Paramedics

CALL TO ORDER AND ROLL CALL

Chair Stephen Haire called the meeting to order at 10:02 A.M. Roll call was taken, and Lynn Abbott determined that a quorum was present. There were 8 voting members in attendance.

MINUTES OF THE NOVEMBER 10, 2022 MEETING - APPROVED

Upon presentation by Chair Haire, Dr. Joseph Namey moved, seconded by Dr. Jose Barquin and carried unanimously, that the minutes of the November 10, 2022 EMS Medical Control Board meeting be approved.

ELECTION OF OFFICERS

- Appointment of Chair – Following discussion regarding nominations for Chair, Dr. Matt Nelson moved, seconded by Dr. Jennifer Pearson, that Dr. Stephen Haire be reappointed Chair of the EMS Medical Control Board. Upon call for the vote, the motion was approved unanimously.
- Appointment of Vice-Chair – Following discussion regarding nominations for Vice-Chair, Dr. Joseph Namey moved, seconded by Dr. Matt Nelson, that Dr. Jennifer Pearson be reappointed Vice-Chair of the EMS Medical Control Board. Upon call for the vote, the motion was approved unanimously.
- Appointment of Secretary – Following discussion regarding nominations for Secretary, Dr. Stephen Haire moved, seconded by Dr. Matt Nelson, that Dr. Joseph Namey be reappointed Secretary of the EMS Medical Control Board. Upon call for the vote, the motion was approved unanimously.

CITIZENS TO BE HEARD

There were no citizens to be heard.

CLINICAL UPDATE: EMS MEDICAL DIRECTOR

Dr. Angus Jameson presented new and updated clinical information on the following topics:

- Push Dose Epinephrine Initial Review
Since the Push Dose Epinephrine protocol was approved on the last protocol agenda, we did some training and continue to reinforce. The protocol has been administered in approximately 15 cases and seems to be effective, with no significant adverse effects. There has been very positive feedback from the field.
- Leave Behind Narcan Initial Review
Leave Behind Narcan, a program that went live in January, authorizes EMS agencies who have either responded to an individual experiencing an opioid-related overdose or someone they believe may be otherwise at risk of opioid overdose to leave behind an overdose response kit. Kits are being distributed during calls, at special events, or at fire stations. About 45 kits have been given out to date. We are capturing data and have implemented several strategies, such as ongoing training for the crews and with support from the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP).

COSSAP is a federal grant program in use for about a year and a half that provides for direct referrals from the back of the ambulance to an opioid treatment provider in the community. We have done this several hundred times and have a growing success rate. Additional funding has recently been secured from the State's Comprehensive Opioid Recovery Program (CORP) that will allow the program to hire weekend staff.

The final piece of our strategy involves the partnership with Pinellas County Human Services and Bayfront on the ED Bridge to MAT (Medication-Assisted Therapy) Pathways to Care project implemented 8 months ago. Dr. Jameson provided statistical information related to patient enrollment, treatment referrals/follow-ups, and Narcan/Suboxone treatment pathways, noting that the numbers are evidence that an ER intervention pathway of care can be successfully done. We are looking forward to what can be done with the opioid abatement settlement funding that's coming down the line. He encouraged members with information or sharable resources to reach out to Drs. Andrew Smith and Heather Henderson.

Responding to queries from the Board, Dr. Jameson acknowledged that he is seeing more and more examples of the safety and efficacy of doing this in multiple different treatment arenas.

- Pandemic Response Plan Discontinuation
Dr. Jameson touched on Pinellas County's plan for returning to normal clinical operations by following the federal disaster declaration due to expire in May, noting that the emergency response mode is currently still Pandemic Condition Green.
- Freestanding Emergency Department Working Group Report
Dr. Jameson indicated that the Freestanding Emergency Department (FSED) Working Group met on February 2 to review the current protocols' capabilities and limitations as well as to discuss experiences during previous disaster times when we significantly increased FSED usage. No changes to the specific inclusion or exclusion criteria were proposed by the sub-committee; however, there was a very good suggestion to increase ED utilization for those patients who are appropriate, yet still routinely end up in a main hospital emergency room. The sub-committee asked Dr. Jameson to develop metrics and prepare a report on, one, freestanding ED re-transport rates and, two, time-to-arrival for EMS after a request for transport is made.

Referring to documents titled *Re-Transport % by FSED* and *CS4 – HOSPITAL DESTINATION POLICY*, Dr. Jameson presented statistical information relating to re-transport rates from freestanding emergency departments and discussed changes to Pinellas County's current hospital destination policy, noting that language was added relative to increasing utilization of freestanding emergency departments. He emphasized that there would be substantial educational activities on the changes, with an effective date likely in a few weeks.

- CS4-Hospital Destination Policy - APPROVED
Following discussion, Dr. Jose Barquin moved, seconded by Dr. Matt Nelson and carried unanimously, that the EMS Medical Control Board approve the updates to the *CS4 – HOSPITAL DESTINATION POLICY*.

SYSTEM UPDATE: DIRECTOR, EMS AND FIRE ADMINISTRATION

Craig Hare presented an EMS operations report and briefed the members on the following topics:

- Enhancement Projects
First Responder and Fire budgets are still coming in, and a preliminary look shows costs are going up. Plans to consider baseline items first, with about \$10 million and 15 projects of enhancement requests. The system is growing, noting an increase of 7 percent from 2022 and 4 percent since January. Discussed various enhancement projects. Provided an overview of the Traffic Preemption project and the intelligent traffic system process, noting that a corridor study is being conducted on East Lake Road where traffic volume has increased 25 percent over the last year. Mr. Hare shared that the traffic preemption project should be a good investment for the future as it will impact every response of every vehicle, reduce intersection crashes, and improve service response time.
- EKG Monitor Implementation
Philips is on a continued FDA hold. Discussed plans to move forward with second vendor, Stryker Physio's LifePak 15, and estimated time frame for training and equipment deployment. The evaluation committee had planned to go into the next wave of technology, but it will now be the same system we have been using with an upgrade

to the software. Plans for training over the summer, and David Hudak is making sure that our existing equipment is maintained via Master Medical.

- ImageTrend
New integrated medical records system project is well underway and is a cloud-based way of transmitting information to hospitals. Plans for summertime training and fall implementation. We are just starting to send out coordination emails to the hospitals. Moving forward with the Health Information Exchange (HIE) that will allow the system to share data on incoming EMS patients as well as outcome data from the hospitals. In addition, this will be our way of transmitting data locally – no more printing, faxing, and emailing. He noted the project will be good for patient care as the hospital alerting system is in real time, nearly live.
- Hexagon CAD
New CAD project is on track. This will be an amazing collaboration between local police departments, County 9-1-1, Sheriff's office, fire rescue, and Sunstar. It will cut our time to take and dispatch calls, especially complex ones that require police, fire, and EMS engagement at the same time. We're looking at a spring to summer 2024 rollout.
- Live 9-1-1
Discussion had regarding agency participants and operation of the Live 9-1-1 pilot project, a tool that would allow stations to listen to real-time 9-1-1 calls in their zone to give personnel information before dispatch to help reduce turnout/response times. Our fire and EMS response process is a little more structured than in policing, so we're going to run a pilot with a couple fire stations, an ambulance or two, and see how it goes.
- Resolution 23-01 – Post COVID-19 Restoration of Normal Operations – APPROVAL
Referring to page 13 of the agenda packet, discussed Pinellas County's plan to return to normal operations upon the rescinding of the National Public Health Emergency declaration on May 11. The County's decision to hire 70 EMRs and staff them on interfacility BLS ambulances for low-acuity calls has been very safe and effective. No plans to amend the ambulance contract. Post-COVID transition to be based upon policy tied to the County code. Page 14 is a Medical Control Board Resolution that will rescind the Pandemic Response Plan and keep the Emergency Medical Responder and BLS to 9-1-1 program under an emergency order from Dr. Jameson and is supported by our Unified Command. This will allow Pinellas County to turn off Pandemic Plan Condition Green and get back to normal business.

Upon presentation by Mr. Hare, Dr. Matt Nelson moved, seconded by Dr. Jose Barquin, that the EMS Medical Control Board approve *Resolution 23-01 PostCOVID-19 Restoration of Normal Operations*. Upon call for the vote, the motion was unanimously approved.

- Medical Control Board Ordinance Change
Adding an emergency physician representing pediatricians to be a member of our Medical Control Board will require an ordinance change in the County code. Once the ordinance is put together, it will be presented to the County Commission for approval. Subsequently, we will update the bylaws that you voted on at the last meeting.

2023 MEETING SCHEDULE

June 22, September 28, and December 14, 2023.

NEXT SCHEDULED MEETING

The next meeting is scheduled for June 22, 2023, to be an in-person format.

ADJOURNMENT

Chair Haire adjourned the meeting at 10:59 A.M.

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