



FAEMSMD



Florida Association of EMS Medical Directors

FL Assoc. of EMS Medical Directors Meeting

Ocean Center Convention

Daytona Beach, FL

January 18, 2018

9 a.m. - 1 p.m.

Members Present: John Milanick, MD, President; Joe Nelson, DO, State EMS Medical Director; Benjamin Abo, MD; Peter Antevy, MD (call-in); Paul Banerjee, DO; Leon Beeler, MD; Jerry Brooks, MD (call-in); Terry Cohen, MD; David Ebler, MD; Kathy Fenelon; Desmond Fitzpatrick, MD; Frank Fraunfelter, MD; Phyllis Hendry, MD; Todd Husty, DO; Angus Jameson, MD (call-in); Kim Landry, MD, FACEP; Gerard Job, MD; Mark Johnson, MD, FACEP, Mary Kolar, DO; Kristin McCabe-Kline, MD; John McPherson, MD; David Meurer, MD; Paul Mucciolo, MD (call-in); Barbara O'Connor, RN, MBA; Charles Sand, MD; Kenneth Scheppke, MD; Sandra Schwemmer, DO (call-in); Robert Spindell, DO; Andrew Thomas, MD (call-in); Christine VanDillen, MD;

Guests/Non-Members Present: Keith Lafferty, MD; Orlando Dominguez; Frank Franntelli; Todd Seliger; Gary Ball; Sebastian Garay; David Summers; Adrian Adamms; Derrell Billington, DO; Erika Marulanda-Londono, MD; Shirley Dardell; Nerina Stephnovsky; Christian Zurer; Jorge Gonzalez; John Penlac

FCEP Staff Present: Kim Palm; Melissa Keahey (call-in)

Topic	Discussion	Decision/Action
Welcome & Introductions	Dr. John Milanick, FAEMSMD President, called the meeting to order at 9:05 a.m. Conference call meeting participants were introduced and welcomed.	
Review of Previous Minutes	The Oct 2017 meeting summary was reviewed and approved without any necessary changes.	Approval of meeting minutes.
Announcements	<p>1. NEXT Meeting: April 25th (9 am – 1 pm)– <i>TO BE CONFIRMED</i> DoubleTree West Palm Beach</p> <p>2. FAEMSMD Officer Elections Officer elections will take place during the July 2018 meeting. A call for nominations will be distributed to members in early spring and a slate of officers presented during the April 2018 meeting. There are 5 officers on the FAEMSMD governing body: President, Vice President, Secretary-Treasurer and Members at large (2).</p> <p>Per the FAEMSMD bylaws:</p> <ul style="list-style-type: none"> - Nominations will be accepted from the floor during the July 2018 meeting. 	<p>Staff will confirm date with DOH.</p> <p>Staff will distribute a call for nominations in early Spring.</p>

	<ul style="list-style-type: none"> - Voting rights are available to members in good standing with membership dues paid in full for the voting year - Ballots will only be accepted from members attending the meeting in-person <p>3. Upcoming EMLRC Programs:</p> <p>Webinar Series:</p> <ul style="list-style-type: none"> - Lightning, Tractors and Gators...Oh My! – Florida’s Environmental Emergencies - Empowering our Heroes – Promoting & Preserving Mental Wellness in EMS <p>Visit www.emlrc.org for dates/times of upcoming webinars.</p> <ul style="list-style-type: none"> - EMLRC’s Online Education platform has launched! Go to www.emlrconline.org for a complete list of available courses – including our Street Drugs Webinar Series and Unfamiliar Pediatrics Lecture Series. - EM Payment Reform Summit February 22 & 23, 2018 – Orlando, FL - ABC’s of Peds EMS May 21, 2018 – Tampa, FL - CLINCON 2018 July 10-14, 2018 – Caribe Royale, Orlando - Bill Shearer International ALS/BLS Competition July 12 & 13, 2018 - Caribe Royale; Orlando - Symposium by the Sea August 2-5, 2018 – Sanibel Harbor Marriott; Ft. Myers, FL 	<p>Visit www.emlrc.org to register for these and other upcoming programs.</p>
<p>Financial Report & Membership Update</p>	<p>1. Financial Report Kim Palm presented an overview of the FAEMSMD financials as of December 31, 2017 on behalf of Dr. Brooke Shepard, Secretary-Treasurer. It was noted that membership dues revenues are down slightly. The 2018 Budget was reviewed and approved</p> <p>2. Membership Update All 2017 memberships expired on 12/31/17. Expired members are not eligible to vote or hold office until their membership is renewed. Membership numbers as of 1.12.18 were reported during the meeting: 60 members- 51 Active; 9 Associate. As of 1/31/17 there are a total of 76 members – 62 Active; 14 Associate.</p>	<p>Members voted and approved 2018 budget</p> <p>Staff is researching online payment options for membership renewals.</p>

<p>State EMS Medical Director Update</p>	<p>Dr. Joe Nelson provided the following update:</p> <p>Stroke Systems of Care Update</p> <ul style="list-style-type: none"> - Dept of Health is preparing a manuscript on this topic: - Racial differences on the identification of stroke during EMS service in Florida. - FL EMS Stroke Alert Checklist needs an update - Due to the DAWN Trail findings Thrombectomy effective up to 24 hours after stroke – Dr Sand will discuss <p>Status Update “H.R. 304: Protecting Patient Access to Emergency Medications Act of 2017”</p> <ul style="list-style-type: none"> - Now H.R. 304: Protecting Patient Access to Emergency Medications Act of 2017 - This bill has passed and signed into law! - Next steps – DEA rules on development <p>Main Points:</p> <ul style="list-style-type: none"> - Requires EMS AGENCY to register with DEA- not the Medical Director - Requires a Medical Director - EMS Agency required to have only one DEA Registration per State - EMS Agency allowed to order/distribute controlled substances - Allows delivery by standing order - EMS MD need not be present - EMS MD need not have a specific written order <p>State EMS Plan Update</p> <p>Improve patient care quality and outcome (by Dec 2018)</p> <ul style="list-style-type: none"> - Increase the % of non-traumatic cardiac arrest patients who: <ul style="list-style-type: none"> - Receive bystander CPR from 7% to 20% - Develop a return of spontaneous circulation (ROSC) both prehospital and upon arrival to ED from 16.32% to 20.34% - Increase the % of STEMI alert events – on-scene time is less than or equal to 20 minutes to 90% - Increase the % of STEMI alert patients transported to a Level 1 or Level 2 Cardiovascular Hospital from 68% to 90% - Increase the % of Stroke Alert events for on-scene time is less than or equal to 20 minutes from 67% to 90% - Increase the % of Stroke Alert patients transported to a primary or comprehensive stroke center from 69% to 90% - Increase the % of Trauma Alert events for on-scene is less than or equal to 20 min from 40% to 90% by Dec 2018 - Increase the % of Trauma Alert patients transported to a trauma center to 90% <p>Medical Care Committee (4 Work Groups)</p> <p><u>Volunteer Physician members needed for:</u></p> <ol style="list-style-type: none"> 1. Trauma – Chair: Dr Byers, Dr. Sherer 	<p>Dr. Nelson asked for volunteers to help with this committee</p>
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- 2. STEMI – Chair: Dr. Meurer
- 3. Stroke – Chair: Dr. Sand
- 4. Cardiac Arrest – Chair: Barbara O’Connor

- It requires attendance to quarterly and annual meetings (conference calling always available)

FAEMSMD Website – Searchable Protocols Database Update

- (4) protocol submissions have been received to date
- The project has been paused due to additional costs incurred while manipulating PDF’s to make them searchable
- Currently seeking intern support to help with tasks and offset costs

A recommendation for moving forward has been presented to the FAEMSMD Executive Board and is pending approval.

Drug Shortages

- 94 medicines are short this week.
- Does not include IV fluids. Normal Saline and Lactated Ringer’s are both in short supply.
- Recommended Protocol modifications
- Example: Palm Beach Fire protocol restricting NS bolus to Cardiac Arrest, Sepsis, Stroke, Hypotensive, Trauma
- Other recommendations: Carry Gatorade, or use heparin or saline locks.
- Advised to make sure the saline locks integrate with the IV solution used at the trauma center.
- Protocols for this issue: send to Dr Schepke

SB 1796: Emergency Medical Services/HB 1295: Emergency Medical Services

- Positions EMS to provide treatment and not transport patient to a hospital and to see reimbursement for those services.
- Revises definitions for Advanced Life Support, Basic Life Support, the term Emergency, Emergency Medical Technician, non-emergency, and paramedic.
- Revises 401.272 to allow paramedics and emergency medical techs to provide alternative treatment options to non-emergency and urgent care patients.
- Eliminates requirements for ambulances to meet the GSA KKK-1822F Ambulance Design Specification and moves the requirements for vehicle standards to rule.
- Eliminates requirements to follow the American College of Surgeons Committee on Trauma list of essential equipment for ambulances. Allows medical directors to establish the standard for equipment to be carried.
- Noted that the equipment list was old and needs to be updated.
- Provides the use of telemedicine by EMS.
- Revises requirements to extend immunity to those people (law enforcement) who are helping EMS treat a patient who is incapacitated due to intoxication, under the

influence of drugs, or otherwise and who is being treated without his or her informed consent.

Comments:

- Law enforcement may hesitate to get involved with these type of incapacitated persons.
- FL Fire Chief Association wants this proposed.
- Want to continue funding because \$50 million goes to EMS providers.
- Need to watch this bill closely as some desire to add to it.
- EM Medical Review Committee want to seek out how to connect other databases to provide feedback to physicians & EMS.
- EMS Leadership shared that members can support legislation the association supports.
- **Recommended to ask the Legislative Committee to make a statement of position on this bill.**
- The Executive Committee members present asked permission of the members to take (final) action on upcoming legislations affecting EMS including this bill.
- A motion was made to enable the governing body to voice support or objection to upcoming legislative changing in real time, instead of bringing any issues back to the group at quarterly meetings and miss any timely opportunities for our group to make any valuable input into legislative changes. The motion passed without opposition.

Motion approved without opposition.

FirstNet Update

- Florida has OPTED IN to FirstNet
- Full Implementation Scheduled for March **2018**
- 55 states and territories have opted in to the First Responder Network Authority (FirstNet) network, the nation's first high-speed broadband public safety network.
- AT&T will begin offering services Spring 2018

Brent Williams from FirstNet commented:

- 25 year contract with the government
- Goal: improve telemedicine by providing 1st priority with bandwidth speed. Adding more data towers.
- Full preemption on cell phone calls
- No data congestion, no slow downs
- Public safety care will have 1st access over any other calls.
- This will help rural areas
- Video, email and scans will download quickly (depends on software*)
- Ambulance providers will pay the cost for this service.
- AT&T is offering – “Bring your own device” for EMS.

REPLICA

- **RECOGNITION OF EMERGENCY MEDICAL SERVICES PERSONNEL LICENSURE INTERSTATE COMPACT**
- interstate compact model legislation for states' consideration and enactment

- Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels
- **12th State** has signed on including Georgia and Alabama.
- **Florida has not yet ratified**

NAEMSP Update

- NAEMSP Annual meeting San Diego
- Several Florida based research projects were presented.
- Dr. Sal Silvestri was honored with NAEMSP President's Award.
- Dr. Meurer updated on the NAEMSP.
 - o 1100 members contribute to NAEMSP
 - o Dr. Meurer recommended starting a FL Chapter as a goal to receiving national recognition for FL medical director accomplishments.
 - o Discussed the process to start a chapter would include creating; Bi-laws, dues, rules.
 - o Meet once a year – add to Med Directors meeting.

RESPIRATORY PROTECTION UPDATE

- **RESPIRATORY PROTECTION APPLIES ONLY IF HANDLING AND PROCESSING HIGH RISK AGENT**
- If there is visible product/powder then use gloves
- If there is no visible product/powder then you do not have to use gloves.

Influenza Season

- Worst season in recent memory – should be at the peak.
- Vaccine effectiveness limited.
- Review /update your highly contagious disease protocols and policies.
- Join forces with your local health department; consider entering into a cooperative agreement to assist with vaccination efforts.
- Inventory your resources and supplies.
- Recommended to be in disaster mode planning.

EMS AGENDA 2050

- Comment period is OPEN on 2nd Straw Man Document
- Visit this site to download the document:
<http://emsagenda2050.org/>
- <http://emsagenda2050.org/wp-content/uploads/2017/03/EMS-Agenda-2050-Straw-Man-September-2017.pdf>

Upcoming Meetings 2018

- *Florida Department of Health/Florida EMS Advisory Council Recurring Meeting Schedule POSTED ON WEBSITE*
- *Advisory Council Committee Meetings*
- <http://www.floridahealth.gov/provider-and-partner->

[resources/advisory-councils-stakeholder-groups/ems-advisory-council/index.html](https://www.floridadoh.com/resources/advisory-councils-stakeholder-groups/ems-advisory-council/index.html)

- **Next State Quarterly meetings: April 24-26, 2018; DoubleTree West Palm Beach**

DOH Scientific Papers to be Submitted

- **Overview of Opioid Overdose Patients among Different Neighborhoods in Florida**
- *Junwei Jiang, MPH; Karen Card, DrPH; Alan Mai, MPH; Joshua Sturms, MS; Steve McCoy, BAS*
- **Racial differences on the identification of stroke during EMS service in Florida**
- *Junwei Jiang, MPH; Joshua Sturms, MS; Steve McCoy, BAS; Karen Card, DrPH; Alan Mai, MPH*
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State EMS Annual Survey

The following is a summary of the 2017 EMS Annual Survey conducted by DOH:

- 224 responses (of 275 agencies)
- 55 Questions
- Subjects include topics of interest to EMS Medical Directors
- Pediatric Care and training
- EMSTARS data use for benchmarking
- Overdose reporting requirements
- Active Assailant/Hostile event response
- Highly infectious disease patients
- Healthcare coalitions, CBRNE, training, community paramedicine

Fatigue in EMS Risk Management Guidelines Go Live

- National Association of State EMS Officials (NASEMSO) has partnered with a team led by University of Pittsburgh School of Medicine scientists to develop new fatigue guidelines published early online in the journal Prehospital Emergency Care. The aim of the guidelines is to mitigate the effects of fatigue with recommendations based on a comprehensive evaluation of the best available evidence related to numerous fatigue mitigation strategies such as using caffeine and napping during shifts.
- **"Evidence Based Guidelines for Fatigue Risk Management in Emergency Medical Services"**

Data Management

- National Collaboration for Bio Preparedness
- DOH EMS has entered into a data sharing contract
- EMSTARS de-identified data
- Stroke, Opiate abuse tracking, etc.
- Florida is fully participating in CARES
- Update on Florida Participation in CARES
- Joe Ferrera, Florida DOH

Staff will distribute full summary in PDF format.

Dr. Nelson recommended all Medical Directors to stay on top of this issue.

<p>Acute Stroke Treatment Metrics in CSC and PSC</p>	<p>Dr. Erika Marulanda-Londono, Assistant Professor of Clinical Neurology from UM, gave a presentation on the Analysis of Acute Stroke Care in Primary and Comprehensive Stroke Centers: FL Stroke Registry Collaboration to Reduce Stroke Disparities (FSR CReSD) .</p> <p>Outline:</p> <ul style="list-style-type: none"> - Stroke Systems of Care: FL - Where to transport? Drip and ship vs. Mothership - Organization of the FL-PR Collaboration to Reduce Stroke Disparities → → FL Stroke Registry CReSD (FSR CReSD) - Analysis of Differences in Acute Stroke Treatment Metrics in CSC and PSC in the FSR CReSD registry - Analysis of South FL PSC vs CSC (Palm Beach, Broward and Dade) in the FSR CReSD registry - Data of performance needs to be systematically collected and applied locally to ensure data driven policy changes. - What data do we have in FL to help inform policy? <ul style="list-style-type: none"> o Florida Stroke Registry Collaboration to Reduce Stroke Disparity FSR CReSD o Goal: To improve the quality of stroke care for Floridians by providing a comprehensive, data-driven view of race-ethnic, sex, and geographic stroke care disparities in the State of Florida. - 76 sites from FL (152,870 cases) - Also includes 14 sites from PR (9,763 cases) - FSR CReSD Analysis of PSC and CSC: Methods - Comprehensive: 26 hospitals - Primary: 40 hospitals - 74,623 cases with <u>acute ischemic stroke</u> - January 2010 - April 2016 - Described hospital levels characteristics, patient demographics, comorbidities, and stroke characteristics - Analyzed GWTG-S performance metrics of defect free care, door to CT(DTCT) time, thrombolysis rates, and thrombolysis time. - Analyzed temporal trends by center designation - Analyzed stroke care metrics and temporal trends in 3 race-ethnic groups <p>Conclusions:</p> <ul style="list-style-type: none"> - Drip and ship vs. mothership: Depends on geography and performance - FSR CReSD goal is improve the quality of stroke care for Floridians by providing a comprehensive, data-driven view of race-ethnic, sex, and geographic stroke care disparities in the State of Florida. - FSR CReSD: CSC outperform PSC in various acute stroke care metrics - IV rt-PA, IV rt-PA in eligible patients (arrive by 2 treat by 3 & arrive by 3 treat by 4.5) - DTN ≤ 60 minutes 	<p>Staff will share slide presentation.</p>
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	<ul style="list-style-type: none"> - Both improved in metrics over time, CSC to a greater degree - FSR Tri County Analysis: - CSC outperform PSC in time metrics for thrombolysis times - Both show improvement in time metrics over time, CSC > PSC - System-based approaches effective: improving care for all decreases disparities. - Real time data will assist EMS in transport destination policy. - Crucial in era of expanding pool of eligible patients <p>Future Directions:</p> <ul style="list-style-type: none"> - Continued evaluation of outcomes in CSC and PSC in FSR-CReSD - Continued Analysis of Race Ethnic Disparities in stroke care - Focus on regional dashboards for hospital self-evaluation and improvement - Focus on transitions of care: assess disparities in post-acute stroke care - Evaluation/Validation of pre-hospital stroke triage scales - FAST ED in Miami Dade 	
<p>DAWN Study Extends Stroke Intervention Window – Implications for EMS</p>	<p>Dr. Evan Allen, MBA, FL State University College of Medicine, shared the following information:</p> <ul style="list-style-type: none"> - Study showed it does extend the LVO window to 24 hours - Excellent study in NEJM, subgroups, good number of patients, potentially representative of everyday practice - So positive study was stopped early <ul style="list-style-type: none"> --functional independence 49% vs 13% for control. NNT = 2.8. - Smell test: Intervention window <u>quadruples</u> (<i>advanced imaging identifies good penumbra/collaterals</i>) <p>Do we have to bring All strokes to interventional centers up to 24 hrs?</p> <ul style="list-style-type: none"> - IT’S NOT ALL STROKES --NIHSS ≥ 10 cut off - logistics: <i>since it takes approx. 90 min D-T-Groin time you could set field window at 22.5 or 23 hrs</i> - The benefit does NOT seem to drop the closer you get to 24 hours. <p>Summary of DAWN Study:</p> <ul style="list-style-type: none"> - This really should extend the window to 22.5-23 hrs in the field for LAMS ≥ 4 - The benefit DIDN’T drop the closer you get to 24 hrs using advanced imaging to detect patients with good collateral circ - This ISN’T just one research paper. 	<p>Staff will share the slide presentation.</p>

	<ul style="list-style-type: none"> - Many CSC's WILL treat to 24 hrs and perhaps beyond for basilar strokes. <p>Question:</p> <ol style="list-style-type: none"> 1. What if almost everyone with an online camera (home security cam or phone/computer) could be securely (HIPAA) used by EMS when necessary? <ul style="list-style-type: none"> - 2. What if EMS phone calls had on demand video? <ul style="list-style-type: none"> o Would you get a better treatment, diagnosis and stabilization? o If you HEAR someone that sounds drunk or with slurred speech would you diagnosis be? o ETOH? Stroke? Depression? Sepsis? Medication overdose? o Whereas, if you SEE someone with on demand video, would it be easy to see a possible stroke? 	
EMS SAH Stroke Care	<p>Presented by: Dr P.R. Banerjee, Medical Director - Polk County Fire Rescue</p> <ul style="list-style-type: none"> - 800,000 new strokes a year - 87% of strokes are Ischemic <ul style="list-style-type: none"> o Middle Cerebral Artery = 90% o Large Vessel Occlusive Strokes o Severe long term disability o Resistant to Activase - 13% are Hemorrhagic <ul style="list-style-type: none"> o 7% are Subarachnoid o 6% are Intracranial - Mortality Rates with Acute Stokes <ul style="list-style-type: none"> o 15% of stroke patients die < 30 days o 30% of stroke survivors are permanently disabled <ul style="list-style-type: none"> ▪ 30,000 new permanent Nursing Home patients a year. o 30 Day Mortality Rate for: <ul style="list-style-type: none"> ▪ Ischemic strokes = 7.6% ▪ Hemorrhagic strokes = 37.5% - Epidemiology of SAH <ul style="list-style-type: none"> o 56,000 cases a year – more common in women o 50% of patients present < 55 years old o 54% of hemorrhagic strokes are Subarachnoid Hemorrhages o 50% mortality rate < 30 days <ul style="list-style-type: none"> ▪ 15% of these patients will die before reaching the hospital ▪ Of survivors, 50% will suffer some permanent disability - Signs and Symptoms of SAH <ul style="list-style-type: none"> o Classic symptoms: Thunderclap Headache o Described as the “worst HA ever,” over seconds to minutes o Nausea and or vomiting o Confusion/decreased level of consciousness or coma 	Staff will share slide presentation.

- Neck stiffness and seizures may occur
- 33% of patients have no symptoms except for a headache
- **Difficult for EMS to diagnose due to vague presentations**
- Clinical Decision Rules to Rule Out Subarachnoid Hemorrhage for Acute Headache JAMA.2013;310(12):1248-1255.
- From the study came **The Ottawa SAH Decision Rule**
 - Age > or = 40 years
 - Neck pain or stiffness
 - Witnessed loss of consciousness, or onset during exertion (98.5% sensitivity and 27.5% specificity for SAH)
 - Adding “thunderclap headache” (instantly peaking pain) AND
 - Limited neck flexion on examination (100% sensitivity and 15.3% specificity)
 - Alert patients > 15 years old with a normal neurological exam with a headache that reaches a maximum intensity < 1 hour.
- Not for patients with:
 - History of recurrent headaches
 - > = 3 episodes > = 6 months
 - Previous history of a SAH
 - Brain tumors or shunts
 - Traumatic head injury

Subarachnoid Hemorrhage Protocol

- LAMS > 3 Plus ANY 3 Components – Yes or No
- Sudden or Transient Altered Level of Consciousness
- Age > 40 years old
- GCS < 12
- Aphasia – Inability to speak and understand words
- Photophobia – pain to light
- Sudden Severe Initial Headache > 8/10
- Neck pain/stiffness/decreased flexion > 8/10
- Blurred vision or ataxia or nystagmus
- SBP > 180 – Titrate SBP to 160 – 150 mmHg
- Seizure at ONSET or On Scene
- Nausea and Vomiting
- If all above symptoms are Yes – Proceed to Hess Classification for SAH
- Grade 4 and 5 Transfer to closest CPC/APSC
- Grade 1-3 Transfer to Comprehensive Stroke Center

Polk County Fire Rescue 2018 Stroke Protocol Updates

- 24 hour stroke window for therapy...DAWN Trial
- Wake Up Strokes account for about 20% of ALL acute strokes
- Last Known Normal time is different from time of stroke onset.
- mRS.< 4 = Patients who are independent = CSC / APSC

	<ul style="list-style-type: none"> - CT Brain + CT Perfusion + / -CTA Brain = Brain physiology - Salvageable penumbra = Endovascular clot retrieval - New SAH protocol with Hunt Hess + Ottawa SAH Criteria 	
<p>Florida Stroke Alert Update</p>	<p>Dr. Charles Sand presented updates on the Florida Stroke Alert initiatives:</p> <ul style="list-style-type: none"> - Please visit the website: www.strokebelt.org for more information. <p>Florida has 114 Certified Stroke Centers</p> <ul style="list-style-type: none"> - 4 Acute Stroke Ready (4 TJC) - 12 Comprehensive Stroke Centers (7 TJC, 4 DNV, 1 HFAP) - 98 Primary Stroke Centers (94 TJC, 4 DNV) - 114 Certified Stroke Centers by either TJC DNV or HFAP(out of 161 listed on the AHCA Website Dec 2017 = 71% certified) <p>AHCA Website (Dec 2017)</p> <ul style="list-style-type: none"> - 119 PSC--116 PSC AND 3 VAH--21 attested that they meet the requirements without certification. - 42 CSC attested that they meet the requirements without certification - 30 out of 42 = 71% are not certified <p>Florida Stroke Accomplishments in 2017</p> <ul style="list-style-type: none"> - Legislation passed this year: <ul style="list-style-type: none"> o Allows for Acute Stroke Ready Hospitals to be listed as a destination for a suspected Stroke by EMS o Funding obtained from legislation for a Stroke Registry that will report to the State ongoing data collected from all Stroke-receiving hospitals. - Florida-Puerto Rico Collaboration to Reduce Stroke Disparities (FL-PR CReSD) (GWTG Registry) –5 years - Ongoing State EMS Stroke Plan Updates - Regional meetings focused on developing better systems of care. (Examples: South FL and West Central FL) <p>Utilize the Stroke Registry Regional Dashboards to:</p> <ul style="list-style-type: none"> - Provide Feedback to Hospitals and EMS Systems for Quality Improvement and Ultimately Optimal Patient Outcomes - Continuously Reevaluate Data and Provide Feedback - Modify Local Stroke Transport Protocols Based on Data, Florida Stroke Law and Florida EMS Medical Director Requirements. - Reward Highest Achievers (Hospital and EMS Meetings, Local Public Meetings, Media, etc.) <p>West Central Florida (WCF) Stroke Advisory Committee</p> <ul style="list-style-type: none"> - Started with 5 grown to 150 members with interdisciplinary expertise. - Asking EMS, Hospitals, and Acute Stoke Care experts to join! - Committee has more 81 hospitals within 17 counties, 10-11 helicopters, 64 PSC and 11 Stroke Interventional Centers. <p>Florida State EMS Stroke Alert Form</p> <ul style="list-style-type: none"> - 2018 form recommendations are now pending approval by 	

	<p>the State Medical Care Committee and AHCA/DOH</p> <ul style="list-style-type: none"> - A motion was made to approve the form as presented. The motion was seconded and approved without opposition. 	Form was approved by members
Old Business/Discussion	<p>EMS Matching Grant: Empowering our Heroes – Promoting & Preserving Mental Wellness in EMS</p> <p>This project will approach the issues of metal wellness in EMS personnel from an awareness standpoint serving as a method by which to provide education and resources, delivered by a series of webinars. The series will be offered free of charge to all licensed EMS professionals in Florida and will also offer an opportunity to earn continuing education (CE) credits.</p> <p>Project planning will occur under the direction and oversight of Flagler County/Palm Coast/Flagler Beach EMS Medical Director Dr. Kristin McCabe-Kline, MD, FACEP, FAAEM, ACHE.</p> <p>Dr McCabe-Kline requested support in planning, delivering, and sharing experiences on this topic or asking EMS agencies and providers if they would be a resource, as well as, sharing this important education series and supplemental resources with your EMS agencies and providers.</p>	Members are asked to support the project and contact the FAEMSMD staff liaison and/or Dr. McCabe-Kline to express interest in being involved in the project.
New Business/Discussion	<p>EMS Ultrasound Literature Review materials</p> <p>Dr. Phyllis Hendry provided a brief description of work completed by Dr. Matthew Mui, 2nd Year EM Resident, UF Jax, on an EMS literature review project.</p> <p>Dr. Hendry noted that 16 key articles, the original search, a brief PowerPoint with speaker notes that summarize key points and links to website resources, and a document with a summary of the articles are available. Dr. Mui is available to present at a future FAEMSMD meeting if members would find this beneficial.</p>	Staff distributed the materials/resources with members.
Adjourned	The meeting was adjourned at 1:05 pm	