

EMERGENCY MEDICAL SERVICES COMMISSION

EMS for Children Advisory Committee

October 26, 2023, at 10:00 a.m.

VIRTUAL REGULAR BOARD MEETING

<https://us06web.zoom.us/j/87272174199?pwd=ep2v5DJEP3TWjvNhptKKOeKgNyqZf3.1>

Meeting ID: 872 7217 4199; Passcode: 943135

MINUTES

TOPIC		DECISION(S) / ACTION(S) MADE		RESPONSIBLE PARTY	Reporting Timeframe	STATUS
I	CALL TO ORDER	Meeting chaired by: M. Legaspi, EMSC Medical Director		Medical Director	10:22 a.m.	Called to Order
II	CONFIRMATION OF PUBLICATION	Proof of Publication. 10/19/2023 & 10/24/2023		HPLO	10:23 a.m.	Confirmed
III	ROLL CALL OF MEMBERS AND DETERMINATION OF QUORUM	<p>Present in HPLO Conference Room:</p> <input checked="" type="checkbox"/> Mary Anne Legaspi, M.D. EMSC MEDICAL DIRECTOR <input checked="" type="checkbox"/> Robert Leon Guerrero, M.D., Member <input checked="" type="checkbox"/> Julietta Quinene, TREASURER <p>Virtually Present:</p> <input type="checkbox"/> Dorothy Duenas, CHAIRPERSON <input type="checkbox"/> Cherika Mateo, VICE-CHAIRPERSON <input type="checkbox"/> Margaret Bell, SECRETARY <input checked="" type="checkbox"/> Daren Burrier, GFD <input checked="" type="checkbox"/> Alvin Dela Cruz, GMHA <input type="checkbox"/> Kevin San Nicolas <input checked="" type="checkbox"/> Elliot Ross, M.D. GMHA <input type="checkbox"/> Michael Archangel GPD <input checked="" type="checkbox"/> Frankie Mendiola, M.D. NOTE: Dan Sussex replaced Alvin Dela Cruz, GMHA	<p>Present in HPLO Conference Room:</p> Sharon Manibusan, HPLO Zennia Pecina, HPLO <p>Virtually Present:</p> Breanna Sablan, HPLO Wella (AMT) Flip Van Trampe Pauline Perez - GMHA Angel Llagas – GFD	Chair	10:25 a.m.	Quorum Established
IV	REVIEW AND APPROVAL OF AGENDA	<p>Adoption of Agenda</p> <p><i>Motion to approve:</i> 1st Dr. Legaspi and 2nd Dr. Ross</p>		EMSC	10:56 a.m.	Unanimously Approved

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V	REVIEW AND APPROVAL OF MINUTES	<i>Motion to approve:</i> 1 st Dr. Legaspi and 2 nd Julietta Quinene	Chair	10:56 a.m.	Unanimously Approved
VI	ADMINISTRATOR'S REPORT	A. Online payments Z. Pecina stated that the HPLO is now accepting online payments for applications for all boards. She welcomed Dr. Legaspi, M.D. Medical Director & EMSC Director on board.	HPLO Administrator	10:26 a.m.	Noted
VII	LEGAL COUNSEL REPORT	Z. Pecina has stated that Kristin Finney is the new attorney for the HPLO boards.	OAG	10:27 a.m.	Noted
VIII	OLD BUSINESS	A. AGENCY REPORTS: <ol style="list-style-type: none"> 1. Medical Director's Report USNH. - Not present 2. GMHA – Z. Pecina stated we have a new member who replaced Alvin Dela Cruz who is Dan Sussex 3. GCC- not present 4. GDOE. – J. Quinene stated the schools have been having challenges keeping open, COVID-19 is still ongoing for everyone, need to request from DPHSS for some flu vaccines. Last year we were able to give a little over 1,000 flu vaccines to our students. But this year we are not sure how many vaccines we will be giving. We have a couple of TB cases, and leprosy, and started to pick up on hand, foot, and mouth disease. She stated that P.L. 37-25 schools need to have AEDs starting June 2024, which is a work in progress for us, and hand in hand with P.L. 37-2 Narcan on school facilities. Dr. Ross asked a question if she still had the report for 2018 where they held the comprehension bus crash meeting which included policies and procedures, Dr. Ross would like to include those policies and procedures in the New Administrative Policies he has been reviewing and renewing. 5. DPHSS - not present 6. DPW - not present 7. GPD – not present 8. EMS for Children – Z. Pecina stated that they are working with GMHA to be recognized as a pediatric readiness center, Dr. Legaspi stated that she and Pauline are working on getting some information for this matter. 9. Emergency Medical Dispatcher – not present 	Agency Representatives	10:27 a.m.	Noted

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	<p>10. GRMC – F. Trampe ED Director stated that they have 2 cardiologists and they have their CATH lab up and running 24 hours. Trying to confirm with his CEO Dr. Wielaard whether to pull the trigger on receiving STEMI that are diagnosed on the field. Dr. Legaspi had reached out early this month about a case where someone had ST elevations on ECG that were transmitted via ALS. No word back from Dr. Wielaard if we are to be uniformly accepting all STEMI’s yet. This is going to be the end goal of GRMC to become the receiving facility due to we can speed up the CATH lab quickly for that specialty care. F. Trampe will keep us posted when he can offer this to EMS. F. Trampe said on a case-by-case basis when Dr. Legaspi had contacted him, that if GRMC can receive patients he still will encourage physicians at GMH to reach out to GRMC whoever is on duty through the GRMC operator to see if we can receive, We love to offer real-time CATH lab for people. D. Burrier added if we are going to do the STEMI, They have tried to do it before if it’s available and mint control is good with us transporting there, maybe that is a status that can be put into the same way as the erosions, and let our dispatcher know that your CATH lab is available. If not available 24 hours at least available at the time gap that there are there to at least know that option is available for us to transport that type of patient there. It will reduce the time calling people if it’s available. F. Trampe stated that they want to make sure, they don’t want to receive all chest pain blanket statements, sample if you have chest pain you come straight to GRMC regardless of diversion status. I don’t think that will be a good service to anyone, so how do you diagnose a STEMI on the field if one question and how do we see the image of the ECG so that we can all be on the same page? D. Burrier stated the way are doing it now because we don’t have any real-time data transfer from our defibrillator to the hospital that requires a different in cost software, The paramedics will take a picture of the EKG and send it via WhatsApp to the Medical Director Dr. Legaspi or Dr. Ross. This is also attached to our patient care report, but at your dashboard, you only have the availability to a PDF. So we need to come up with a system to have GRMC receive documents through WhatsApp chat or find a better solution for that. F. Trampe stated that receiving the image is going to be key, before we have the hardware that would be necessary to become a STEMI receiving facility, If the Medical Director can organize a WhatsApp group for all ED physicians with all 3 hospital so that they can post on the chat room</p>	Agency Representatives	10:30 a.m.	Noted

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	<p>concerning EKG's and whoever is on duty because that is going to be depending on the schedule of each facility, plus the cardiologists, that way everyone can weigh in if they are on duty. D. Burrier stated in the future, we if look into real-time data transfer it's a cost if all the hospitals want to participate in that. Real-time data transfer and EKG can be done over the airway and to be received through your computers. It's just getting that system set up. F. Trampe stated if we organize the WhatsApp group through the Medical Director because a lot of it will be from Med control at GMH then we can do real-time communication between the person that will be receiving which is the ED Doctor and Cardiologist at GRMC. Whoever is on duty I can let it be known we need to be aware of our WhatsApp situation while on duty, and if cell signals are down we can communicate through landline after Med control at GMH gets to look at the EKG and decides if it sounds like a real STEMI that needs to be received. D. Burrier stated a STEMI group on WhatsApp would be good. F. Trampe stated he would get clarification from his CEO and cardiologist on how they would feel about a real stream of STEMI's, part of it is equipment limitation and staffing limitation. Cardiologists are on board, but the reverential (IR) suite team we are looking to up stop that, and I know at one point they were doing so many CATHs they were running out of Stents and could not get them quickly enough that become a barrier to receiving STEMI's as well. That is something we can put suggested on a status to be called in and let it be known can or cannot receive. Dr. Legaspi questioned if they get a patient that has a STEMI based on an EKG and they are story and within that timeframe do we call Dr. Golla first or do we call your ER? F. Trampe stated it would be best to call the ED and we can talk about what we know rather than burning out the cardiologist. If it going to be nontransferable like if the have contraindications or if we don't have stents or if we don't have our IR team capabilities, then we can inform you of that before you contact Dr. Golla. During daytime hours you can call Dr. Golla and he will let you know directly if he can receive the patient or not or whoever is the cardiologist on duty. 8 am to 5 pm contact the cardiologist, 5 pm and beyond contact the ED. We have to work out a protocol in terms of transport time, do we T&K then transport, do we T&K start heparin then transport, or do we just go depending on Algorithm rhythm that will be highly dependent on EMS transport availability as well as cardiologist preference. Dr. Ross stated that it will work fine just to let us know what the</p>	Agency Representatives	10:30 a.m.	Noted

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		<p>cardiologist will do and we can just build the system around it. Dr. Ross does not want to re-dispatch EMS until we have a system everyone agrees on. Dr. Ross stated to get everyone's preferences so that this could be executed. F. Trampe stated that a general concern had been reported to him and he has seen it personally as well, we had several EMS transfers that had been high magnesium or altered patients who are coming in without spine precautions. Last shift worked there was a 70-year-old gentleman who was struck by a vehicle and was unconscious for 5 minutes at the scene came in with no spine board or C-collar. He didn't meet the criteria and this by protocol. Asking thoughts about this situation. Dr. Ross stated that they did implement selective spinal immobilization, not everyone gets spinal precautions strapped on the table as they use to. For example, if they are arriving in inappropriate spinal immobilization those cases need to be flagged, send details (Name, D.O.B. age, sex) and they will look into it. We have a much higher ability to provide real-time provider feedback. F. Trampe has asked is there is any way we can encourage EMS personnel to stay and talk to the doctor who is taking care of the patient. D. Burrier stated he can talk to EMS personnel about this situation. Dr. Legaspi stated what she had done before is call dispatch if there was information that she needed. F. Trampe has stated to have the EMS personnel to take a picture of the accident to determine the magnesium, passenger space, and intrusion that will help us figure how concerned us should or shouldn't be, to ask the patient has an advance directive, and F. Trampe has stated there is a burn mass casualty at Dusit Thani at the end of the month. D. Burrier stated that he is apart of that. Z. Pecina had stated the EMS Office was not aware of this burn mass casualty. D. Burrier had mentioned that Emergency Health Care Collusion is the one putting it together out of GMH. Members are GMH, DPHSS, GFD, and nurses from GMH. GFD side is a triage response, not a burn response because we don't have the advanced capability. F. Trampe asked what GRMC has to do to become a voting member. Z. Pecina stated this will be discussed on the next board meeting.</p>	Agency Representatives	10:30 a.m.	Noted
IX	NEW BUSINESS	<p>(a) National Pediatric Readiness Project/Pediatric Readiness Collaborative: Z. Pecina stated we had mentioned this in the EMS for Children report</p>	EMSC	11:00 a.m.	Noted

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		<p>(b) 2023 EMSC All Grantee Conference: Z. Pecina stated 3 individuals 2 from the office and 1 from GFD. We are also trying to get GFD pediatric ready in addition with GMH. More information will be provided as we take on this project. Z. Pecina mentioned to all board members of upcoming conferences. She would like to have Pauline and Dan from GMH to attend a pediatric conference to see what it is all about.</p> <p>(c) Composition of EMS Commission: Z. Pecina stated by law (current law) we have 18 members, 17 appointed by the Governor and 1 appointed by the HPLD administrator. 11 voting members, and 7 non-voting members. Dr. Ross stated to create a new member list for vote at the next meeting.</p> <p>(d) Licensure: Michael F. Marsh – EMT – National Guard Anthony W.C. Tajeron – Paramedic – GFD</p> <p>(e) Re-Certification: Vincent P.R. Artero – EMT – GFD John T. Burch II – EMT - GFD</p>	EMSC		Noted Applicants were certified Noted Applicants were Re-Certified
X	ANNOUNCEMENT	The Next Regular Board meeting will be for November 16, 2023, Due to the no-purchase order next board meeting will be on hold.	EMSC	11:16 a.m.	Noted
XI	ADJOURNMENT	Motion to adjourn 1 st Dr. Legaspi 2 nd Julietta Quinene	EMSC	11:18 a.m.	adjourned

Minutes Drafted by: Sharon M. Manibusan

Date Submitted: 2/13/2024

Approved by the EMSC with or without changes:

Procedural

Date: 02/24/24

Certified by or Attested by the Chairperson:

Cecily M. Quenas

Date: 2/24/24