March 25th 2019; 11880 S. Sunset Dr., Olathe, KS 66061

Liaison Committee Members present: Eric Gourley-MED-ACT, Jason Green-OPFD, Colin Fitzgerald-Leawood FD, Bruce Hartig-Olathe FD, Steve Chick-CFD2, Colby Stanchfield-JCFD2, Aaron Winkler-JCFD1, Stacy Jones-Medical Director Office, Ryan Jacobsen-Medical Director, Melody Morales- Medical Director Office, Don Tinsley-Lenexa FD, Mike Morgan-CFD2, Jake Ruthstrom-Deputy Medical Director, Tom Miller (Lenexa Fire),

Others in attendance: Jonathan Kaplan (MED-ACT), Sal Scarpa (Shawnee Fire), Paul Davis (MED-ACT)

Members absent: Brian DeVader-NWCFD, Matt Epperson-Shawnee FD, Adiel Garcia-MED-ACT

		PREVIOUS ACTION		
TOPIC	PRESENTER	ITEMS	DISCUSSION	ACTION
Old Business:				
Cardiac Monitors	Eric Gourley, Committee	Update will be provided likely at next meeting or as bid details become available (a sooner meeting)	 MED-ACT met with county purchasing and verified that they were comparing numbers accurately. They verified that the numbers being compared were accurate. If physio does not meet the system requirements for CPR feedback, then there will need to be a letter from the medical director indicating that information. Discussion around the Zoll CPR feedback device (one program for QA reviewing, prompts to push deeper, etc.) Group in agreement with moving forward with Zoll The bid process is still open and will need to remain confidential and is not to be discussed with anyone other than immediate command staff Chief Davis will inform the appropriate parties and will notify the vendors possibly today or tomorrow. Several dept's will be purchasing monitors ASAP (Olathe, Leawood, MED-ACT, JCFD2) We will be working on coordinating training 	Zoll is the monitor the group has agreed to purchase. We will need to look at implementation and training.

Credentialing	Melody Morales	MD office will be looking to pilot with additional dept's after Mar. 19 th pilot	 Discussion around having liaisons going back to dept's and trying to figure out purchasing dates to try and get majority of monitors to be introduced to system in a coordinated fashion. We piloted the EMT skills with 5 new hires at Shawnee Fire We sent them a SurveyMonkey to gather their feedback and are working on making changes to some of the skills We will continue to pilot with departments when opportunities arise 	Information Only
PSO/CPS	Dr. Jacobsen		 We are still working with CPS on onboarding and will update the group with next steps and progress. We have a conference call scheduled next week to discuss process for sharing and setting up structure for our system ESO is working with CPS to implement a self-reporting system 	Information Only

Firefighter Rehab	Dr. Jacobsen, Jason Green	Protocols and model procedure will be edited and sent to group for feedback before the Apr. 18 th Physicians Committee meeting	 The physicians committee approved the FF rehab protocol The model procedure is completed, the ops chiefs have seen it and it has been distributed to the liaison group Hopefully the model procedure will be approved at the next ops chiefs meeting and goal will be to implement this year. There will be a skills and sim scenario on this topic Discussion around not having HAZMAT re-entry info. in this protocol. This was intentional and will be separate from FF rehab. 	
EMS Education Committee	Adiel Garcia		No update	
Long Term Simulation	Dr. Jacobsen		 We had a meeting with our Advisory Board and they asked that we bring the discussion back to this group to look into as a system approach Advent Shawnee Mission has a sim lab and is looking into opportunity to partner with our system There is also a plastic surgeon from CMH that has a passion for simulation and donates money to places looking to engage in high fidelity simulation and we will be getting in touch with him for possible funding opportunity 	We will reach out to the person at CMH and get back to this group

Now Pusings		 solely to simulation Some dept's for complex or the complex of the complex of	not in favor of mobile sim due to the need coordination round fixed locations vs. mobile sim unit round the public safety tax for the next and if we could possibly try to use some dis for simulation round trying to determine the number of ace needed, etc. regardless of the delivery direct our conversation nade to try to talk with other places that ented sim labs and try to get input from	
New Business				
BLS/ALS Inventory	Jonathan Kaplan	work group a BLS inventor The goal is th equipment a In regards to have differer The trauma k The group wi eventually, b BLS and ALS k Question if th the airway/co	d inventory list has been sent out to the asking for feedback. They started with the y and added additional equipment. The at everyone will have the same cross the county. The trauma bag and the BLS bag, they do not inventories. The looking at the trauma bags will have 4 TQ and will still exist. The looking at the trauma bags ut would like to start with the BLS bags. The airway/critical bag will still exist, and writical bag will still exist, and writical bag will still exist. The looking back to the group over the inventory completed by 2020	Kaplan and work group will continue to work on inventory in all bags to bring back to this group for feedback

		They will also be looking at bags and how the inventory would fit into the bags	
SALT Handout for Trauma Bags	Jonathan Kaplan	 MED-ACT proposing to put a SALT handout in the trauma bags Group requesting to have this put on hold until the inventory lists have been finalized and this can be put on the list for the trauma bag inventory 	This should be on hold until common inventory has been decided upon
EpiRite Syringe	Dr. Jacobsen	 There are syringes that are marked for ped and adult epi dose for anaphylaxis, which could help reduce med errors This would be proposed to place in the anaphylaxis kit There would be a cost associated with this possibly There would also be a fair amount of time spent with support services making new kits, etc. Group requesting MED-ACT to look into the cost associated with this 	MED-ACT will look into cost associated with this change if group decides to adopt change.
Adenosine	Eric Gourley	 Single-use prefilled syringe of adenosine is currently very low and no stock available from any of their suppliers due to backorder. Support services is looking into getting buying adenosine vials and using a colored zip lock back to place the Adenosine vials in to help set them apart from similar vials until the prefilled syringes are back in stock 	MED-ACT will be purchasing vials of adenosine and putting them in a colored zip lock back due to backorder of prefilled syringes of adenosine
Tetracaine	Eric Gourley	 Tetracaine bottles cost has gone up significantly (\$55 for 15mL) They can get a 0.6 mL bottle (12 drops/bottle) for \$15 or a 5mL bottle (100 drops/bottle) for \$30. Both of these will meet the protocol requirements. 	MED-ACT will be purchasing single use bottles of tetracaine

	 The bigger question is if we need to carry tetracaine at all There were 5 uses of tetracaine in the past year Group has agreed to continue to carry tetracaine but will purchase one of the options above 	
Next Meeting	Apr. 22nd at 1:00	
Adjournment	• 1435 hrs	