BIG COUNTRY REGIONAL ADVISORY COUNCIL GENERAL MEETING 7/19/2023

Roll Call: See Sign in Sheet for Attendance

A quorum was present. Meeting called to order by Russel Thomas at 1:39

Minutes of June 21, 2023 meeting approved as posted on website on motion by Jaffin Durham; second by Jason Gruben, all in favor, none opposed.

Financial Review –

EMS RAC	\$ 7355.99
EMS County	\$ 0.00
Tobacco	\$ 8148.77
SB8	\$ 528009.62
Dues Account	\$ 5980.32

GRANT REVIEW

EMS County – Contract is complete

EMS RAC – These funds are used for administrative purposes including ED hourly pay, office rent and expenses

RAC Development – Any excess funding available as the contract end dates nears will be distributed equally to the members who took part in the reimbursement of education and injury prevention expenses

- Fall prevention items including but not limited to: night lights, non-skid socks, grabbers, toilet rails, bed rails, bath tub rails, socks assist
- Fire Extinguishers & CO2 monitors
- Rescue Me Tags and all expenses associated with Project Rescue me including, postage & 1-800 #
- File of Life magnets
- o Child ID Safety tags
- Vehicle Thermometers
- STEMI/Stroke magnets

These items remain available at the office.

SB8 – Currently paid out \$382865.46

25 Basic EMT

19 AEMT (2 have withdrawn and will have to repay)

41 Paramedic (1 withdrawn but has been repaid, 2nd pending transfer)

EMS Sponsor is responsible for tracking reporting progress -

- **Three students as of this point have withdrawn
 - One has been reimbursed
 - Two pending attempts including email contact and letters sent
- Incentive money will end on 9/1/2023 this money can be sent back or moved to scholarship or returned to the state. General Assembly agreed to send incentive money back to the state.
- Equipment money has been allocated on a first come first serve basis as Educational facilities have made request. All requested items will be sent for approval by the state prior to purchases and distribution.

Motion to approve the Financial and Grant Review by Marta David; second by David Allman; all in favor, none opposed.

Bylaw Review – Proposed amended to the Bylaw's as follows. The proposed changes were sent to the General Membership two weeks prior to todays meeting and will be voted on during the General Assembly Meeting.

10.11 Disbursement of Funds – Members in compliance with these bylaws are eligible for reimbursement funding through various contracts passed through the RAC from the State. With the RAC being the administrator of these contracts, the RAC (through its Executive Committee) will set reimbursement parameters, to include deadline requirements, for each contract. The disbursement of funds by the RAC to eligible members are subject to the member's compliance with the reimbursement parameters and deadlines. Members failing to meet compliance with the reimbursement parameters or deadline requirements will forfeit their eligibility to receive funding through the RAC for that specified contract.

APPROVED by General Assembly vote

Committee Review:

Stroke Committee – Updated Stroke Plan has been sent to General Membership for review

to be approved at general assembly - Approved

<u>STEMI</u> – See attached minutes

<u>PI Committee</u> – See attached minutes and a list of those that have completed the PI report for this quarter was read

Hospital Committee - See attached minutes

<u>Finance Committee</u> – See attached minutes

Neonatal Committee - See attached minutes

<u>Education/Injury Prevention</u> – Upon receipt of the next DSHS funding \$10,000 has been allocated to purchase child and toddler de-choker and distribute to day cares, school cafeteria's and nurseries. RAC administration will research AAAM course and present costs and dates at the October meeting.

Motion to approve the By-Law and Committee Review by John Tadlock; second by Jaffin Durham all in favor, none opposed.

Open Forum

No nominations for Executive Committee Elections – all current members agree to continue their service on the Executive Committee

Discussion regarding SB2133 signed by Governor regarding disaster and transport of dialysis patients – reminder that if called upon to transport Dialysis patients, members will need to be available. Pulsara representative, Corey Ricketson will present to the General Assembly

Reminder all required documents are due beginning 9/1/2023

Meeting adjourned at 3:32 on motion made by Lee Williamson, second by Aaron Maxwell; all in favor, none opposed.

Respectfully submitted, Marlee Puckett, Executive Director

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FIBRINOLYTIC Guidelines

Priority #1 – Door-to-Needle < 30 minutes (if Primary PCI is expected to be >120 minutes from arrival)

- Complete the following, unless contraindicated, as appropriate to patient conditions:
- 🗆 Place patient on cardiac monitor
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- Pre-thrombolysis blood tests: CBC, CMP, INR, PTT, CK, Troponin I, Type & Cross
- Chest X-ray
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- Please review the Absolute and Relative Contraindications for Fibrinolytics and discuss with Interventionalist

⇒ Fibrinolytic Contraindications

- o Absolute Contraindications
- Previous hemorrhagic stroke at any time; other strokes or cerebrovascular events within 1yr
- Known intracranial neoplasm
- Active Internal bleeding (excluding menses)
- Suspected aortic dissection or pericarditis
- Relative Contraindications (if Yes-discuss with cardio)
- Severe uncontrolled hypertension on presentation (systolic >180 or diastolic >110 mm Hg or both)
- History of prior cerebrovascular accident or known intracerebral pathology not covered in contraindications
- Current use of anticoagulants in therapeutic doses (INR ≥ 2-3); known bleeding diathesis
- Recent trauma (within 2-4 weeks), including head trauma or traumatic or prolonged (>10 min) CPR or major
- surgery (< 3 wk)
- Non compressible vascular punctures
- Recent (within 2-4 weeks) internal bleeding
- Pregnancy, postpartum < 6 weeks
- Active peptic ulcer
- History of chronic severe hypertension
- Diabetic retinopathy



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IMBTC 1912061

PRIMARY PCI Guidelines

Priority #1 – Door-in-door-out time should be < 45 minutes Priority #2 – Overall System Goal: Arrival at Referral Center to Reperfusion in < 120 minutes

- (DDE mont besongeib si IMETZ se noos as trongenent egneret from ECG)
- Consider air if greater than 60 minute lead transport is expected, greater than 50 miles by ground, or patient is critical/unstable
- Complete the following, unless contraindicated, as appropriate to patient conditions:
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- Oxygen at 2L/min miminim nim\12 to may solved at >95%)
- l ninogon' TTP/TP, PT/PTT, Troponin I
- Ver-X frest X-ray
- 🗌 Start 2 Peripheral IVs (large bore if possible) Avoid Right Arm below elbow
- Attach hands-free defib pads
- 🗌 Nitroglycerin 0.4mg SL (repeat every 5 mins x3 if SBP >100) unless inferior MI suspected
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- (stinu 0004 xem) sulod VI 84/stinu 08 ninegaH
- Bm04-05 nitstsevuzos or Rosuvastatin 20-40mg
- 🗆 Morphine IV as needed for pain
- (Morphine does decrease absorption of Brilinta)

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