



Meeting Minutes

Subject: Medical Services Committee
Date: December 9, 2016 – final
Voting Members: Dr. Burstein (chair), Dr. Cohen, Dr. Conway, Dr. Dyer, D. Faunce (after vote) Dr. Gutierrez, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter.
Absent Members: P. Brennan, S. Gaughan, Dr. Geller

1.0 Agenda

1.0 Agenda	1
2.0 Call to Order	1
3.0 Motions	1-2
4.0 Action Items.....	2
Old Business.....	2
New Business.....	3-4
Next Meeting	4

2.0 Call to Order

Dr. Jon Burstein called to order the December meeting of the Emergency Medical Care Advisory Board's Medical Committee at 10:06 am on December 9, 2016 in the Operations Room at the Massachusetts Emergency Management Agency (MEMA)-Framingham.

3.0 Motions

The following table lists the motions made during the meeting.

Motion	Result
Motion by Dr. Gutierrez to accept the September minutes. Seconded by Dr. Cohen.	Approved- unanimous vote

Motion	Result
Motion: by Dr. Dr. Restuccia to appoint David Faunce-as the Regional Director Representative to the MSC Committee. Seconded by Dr. Conway.	Approved – unanimous vote.

Motion	Result
Motion: by Dr. Old to continue the Medication Assisted Intubations (MAI) special project. Seconded by Dr. Walter.	Approved – unanimous vote.

Motion	Result
Motion: by Dr. Dyer to approve Brewster Ambulance's special Project (Utilization of Ketorolac (Toradol) in the Advanced Life Support Setting for Alternative Analgesia. Seconded by Dr. Walter.	Approved - Dr. Cohen, Dr. Conway, Dr. Dyer, D. Faunce, Dr. Gutierrez, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Walker and Dr. Walter. Opposed: none, Abstention: Dr. Tollefsen.

Motion	Result
Motion: by Dr. Dyer to removed the Mac blade 1 and 2 from the required ALS Equipment list and move to the option section. Seconded by Dr. Walter.	Approved – unanimous vote.

Motion	Result
Motion: by Dr. Tollefsen to make Midazolam the sole benzodiazepine and Fentanyl the sole narcotic medication. Friendly amendment by Dr. Old to keep the current medications as optional until the 2017 protocols are in place. Seconded by Dr. Dyer.	Approved – unanimous vote.

Motion	Result
Motion: by Dr. Tennyson to add language “a stable full term newly born patient can be transported by ALS”. Seconded by Dr. Walter.	Approved – Dr. Conway, Dr. Dyer, D. Faunce Dr. Gutierrez, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter. Opposed: none, Abstention: Dr. Cohen.

4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

Agenda

1. Acceptance of Minutes: September 9, 2016 meeting
2. Appreciation & remembrance for member Linda Moriarty-D. Faunce
Noted Linda's long term contributions to and institutional knowledge of EMS. She will be greatly missed.
3. New member for Regional Directors
Motion: by Dr. Restuccia to appoint David Faunce-as the Regional Director Representative to the MSC Committee. Seconded by Dr. Conway. Approved by unanimous vote.
4. Task Force reports-no reports
Eric Sheehan, JD-Bureau Director introduced to the Committee.
5. Old Business
 - a. (System CQI report)-no report
 - b. (MATRIS)-no report
 - c. MAI Special Project report (Dr. Restuccia)

MAI special project is now 20 years old. Discussion 2 years ago to add to the Statewide Treatment Protocols (STPs) – declined because of the extensive oversight may not be available in all services. The special project includes Boston EMS, Lawrence General Hospital, Lowell General Hospital EMS and UMass Worcester. 100% review of all cases. The Medication Assisted Intubations (MAI) committee meets every other month to review the project data. Sedation agents: Etomidate, Fentanyl, Midazolam and Ketamine. Long acting paralytics no longer utilized. 2014 and 2015 data reviewed noting all intubations, MAI intubation and non MAI intubations. The intubation numbers are stable; BEMS has the largest number of patients in the project. Most intubations utilize medication-meds increase the success rates of intubations. Pediatric population is small with a high success rate. There were no unrecognized esophageal intubations. If an airway was graded as being difficult, management of the airway was provided by adjunct means-LMA, BVMs or King airways. CricKit used if needed.

Motion: by Dr. Old to continue the Medication Assisted Intubations (MAI) special project. Seconded by Dr. Walter. Approved by unanimous vote.

(Dr. Tennyson left room 10:30am returned at 10:35am)

6. New Business

a. Ketorolac special project (Brewster/Region 4)-C. DiBona, Dr. Prusty-Brewster Ambulance

Seeking approval for this waiver for 1 year duration. Ketorolac is a non-opiate alternative proposed for the Pain Protocol 2.13. Dosing will be at 15 mg IV or 30mg IM. Patients will be between ages 18-65. Other states that utilize the medication include New Hampshire, North Carolina, Oregon, and West Virginia. Education will include the medication actions, major contraindications, dosing etc. 100% review of records with follow up of any adverse outcomes.

Motion: by Dr. Dyer to approve Brewster Ambulance's special Project (Utilization of Ketorolac (Toradol) in the Advanced Life Support Setting for Alternative Analgesia Seconded by Dr. Walter. Approved: Dr. Cohen, Dr. Conway, Dr. Dyer, D. Faunce Dr. Gutierrez, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Walker and Dr. Walter. Opposed: none, Abstention: Dr. Tollefsen.

b. Mac 1 and 2 blade removal? (Drs. Gutierrez and Dyer)

Mac 1 and 2 blades are not used, Miller blade is in use.

Motion: by Dr. Dyer to removed the Mac blade 1 and 2 from the required ALS Equipment list and move to the option section. Seconded by Dr. Walter. Approved by unanimous vote.

c. Neonate Critical Care IFT-Dr. Gutierrez and

d. Neonate Transport Equipment

The American Academy of Pediatrics describes deployment of critical care teams for transport of the neonate (newly born less than 30 days old). The literature shows speed of transport rather than interventions lead to better outcomes. In the IFT protocol the language "transfer to a higher level of care" is raising questions. The stable neonate does not require CCT, acute conditions do.

Motion: by Dr. Tennyson to add language "a stable full term newly born patient can be transported by ALS". Seconded by Dr. Walter. Approved: Dr. Conway, Dr. Dyer, D. Faunce Dr. Gutierrez, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter. Opposed: none, Abstention: Dr. Cohen.

e. Benzodiazepine carriage (Dr. Tollefsen)

Recommend Midazolam be the sole anticonvulsant agent and sedative and that Fentanyl be the sole narcotic. If shortages occur there is language in place giving the Affiliate Hospital Medical Director and Pharmacy the ability to recommend alternatives. Will be added into the 2017 edition of the protocols.

Motion: by Dr. Tollefsen to make Midazolam the sole benzodiazepine and Fentanyl the sole narcotic medication. Friendly amendment by Dr. Old to keep the current medications as optional until the 2017 protocols are in place. Seconded by Dr. Dyer. Approved by unanimous vote.

f. OD protocol language addition (Dr. Tollefsen)

In the Overdose Protocol recommend adding language reminding Providers to ventilate. Handout reads: Naloxone should only be administered in suspected overdose patients with inadequate respirations and respiratory rate. Treatment should progress toward the restoration of adequate respirations. Naloxone dosing may be repeated ever 3-5 minutes prn up to 8 mg for persistent inadequate respiratory rate. Patients with inadequate respiratory rates may need to be ventilated until their respiratory rate increases.

Motion: by Dr. Old to add the language to the Overdose Protocol. Seconded by Dr. Restuccia. Approved by unanimous vote.

g. Pediatric ROSC protocol (Dr. Dyer)-tabled to February 2017 meeting.

Meeting adjourned: 12:05 pm

Next Meeting: February 10, 2017