Meeting Minutes

Subject:	Medical Services Committee
Date:	December 8, 2017 – final
Voting Members:	Dr. Burstein (chair), Dr. Beltran, Dr. Cohen, Dr. Dyer, S. Gaughan, Dr. Old, Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter.
Absent Members:	P. Brennan, D. Faunce, Dr. Geller, Dr. Gutiérrez and Dr. Restuccia.

Agenda

Call to Order

Dr. Jon Burstein called to order the December meeting of the Emergency Medical Care Advisory Board's Medical Services Committee at 10:03 am on December 8, 2017 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. Dyer to approve the October minutes. Seconded by Dr. Old.	**Approved** - unanimous vote.

Motion	Result
Motion: by Dr. Walter to recommend to the Department that the Task Force reports, the System CQI report and the MATRIS updates be removed from the agenda. Seconded by Dr. Old.	**Approved** – unanimous vote.

Motion	Result
Motion: by Dr. Tennyson to recommend to the Department that the approval for the Surgical Cric special project continue. Seconded by Dr. Dyer.	**Approved** – unanimous vote.

Motion	Result
M**otion:** by Dr. Tennyson to table the Pediatric Sepsis Protocol discussion and vote. Seconded by Dr. Tollefsen.	**Approved** – unanimous vote.

Motion	Result
M**otion:** by Dr. Walter to table the Pediatric CPAP for IFT discussion and vote. Seconded by Dr. Old.	**Approved** – unanimous vote.

Motion	Result
M**otion:** by Dr. Tollefsen to adjourn the meeting. Seconded by Dr. Old.	**Approved** – unanimous vote.

4.0Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

Agenda

1. Acceptance of Minutes: October 13, 2017 meeting-Is there a motion to approved the October minutes?
   Motion: by Dr. Dyer to approve the October minutes. Seconded by Dr. Old.
   Approved - unanimous vote.
2. OEMS Update-Mark Miller-Tranexamic Acid (TXA), Pediatric IFT, non-opioid pain medications protocols were released in the summer and fall. Emergency Medical Care Advisory Board (EMCAB) met on November 15, 2017. Members received training on the open meeting law, by General Counsel, received an overview of OEMS activities and received an update on MSC. EMCAB members heard nomination for committee chairs

and were asked to submit membership nominations for the following committees-Work Force Training, Mass Casualty Incident (MCI), the Community Care and Education and Communications. EMCAB approved Benzodiazepine simplification, the FAST ED stroke scale, Cardio-Cerebral resuscitation (CCR) and Check and Inject Epinephrine by Basic Life Support (BLS) providers. The National Registry (NR) update site was upgraded to improve documentation. The OEMS staff was acknowledged for the work done. If issues arise contact Dan Saxe, OEMS training Coordinator. The criteria for the committees should be released later today.

3. Task Force reports-no reports to discuss later in this meeting.
4. Old Business
    a. (System CQI report)-no reports
    b. (MATRIS)-no reports
    c. IFT protocols for February. Informational. The plan is to live edit the Interfacility Transfer (IFT) protocols as a group at the February meeting. Please send any suggestions to Dr. Burstein.
    d. Pump requirements changes. Discussion, freeform notes below.

The Department would like the Committee to revisit the pumps requirement. Concerns were raised-1. Services report they would not be able to use pumps effectively. Four articles were circulated for member review-noting syringe pumps and infusion pumps. Syringe pumps can be discussed. 2. Vasopressor requirements. 3. How to provide accurate flow and dose. 4. Use or no use of a drug library and 5. Ease of use. Discussion: regarding intubation and needle crics, these skills are not required often-Should they be removed from service because they are infrequently done? If a community cannot provide ALS service they should drop down to a BLS service. An ED physician noted performing a needle cric 10 years ago and noted that a patient would expect the physician to do the procedure skillfully if needed now. Pumps are the standard of care. Regarding the syringe pumps-for use with epinephrine and norepinephrine-how would people prepare these meds? Would a pharmacist prepare? In one service-for neonates a critical care pharmacist prepares medications all others are mixed by the providers. Personal stories of using a syringe pump were provided-a bag of medication was carried, drawn into a syringe (via needle) then infused using the syringe pump. A request was made to have a pharmacist present at an MSC meeting. The October 13, 2017 minutes reference to the pumps was read-"DPH asks that the IV infusion pump requirement be reconsidered. Further discussion-Three items for additional discussion are 1- Training-practice for the 5% who do not routinely provide a particular skill. 2-cost which has no role in this discussion and 3-Syringe vs IV pump. These items will be on the agenda for the next meeting. This matter depends on cost. Regarding cost, "defibrillators are expensive". There should be no waivers for pumps. Nothing was ever said previously that services could not have syringe pumps.

Further discussion about the pumps-how broad a topic can the Committee list to be able to discuss and vote on topics as needed. Noted that if a significant item came up it could be added. However, in complying with the open meeting law the department tries to post the agenda in a timely manner so that the public interested in discussion is aware of the item and can be present to take part in the discussion. Regarding pumps who owns the pump library, who keeps the library? The Pharmacy would provide the meds. Who will care for the meds? Agencies can have an affiliation agreement outlining ownership. The committee should make recommendations only, each service will need to figure out how to proceed.

4. New Business

a. Revising standing agenda items. Discussion and vote.
There are no task forces-should be eliminated from the agenda. CQI and MATRIS can be rolled into the OEMS report.
Motion: by Dr. Walter to recommend to the Department that the Task Force reports, the System CQI report and the MATRIS updates be removed from the agenda. Seconded by Dr. Old. Approved - unanimous vote.

b. Surgical cric SP report for extension (ProEMS). Discussion and vote.
James DiClemente presenting.
The Quicktrach failed-it was hard to insert in an ambulance or in an ED. Showed film of an insertion on a cadaver-demonstration. Surgical Cricothyroidotomy (Surgical crics) are a High Acuity Low Occurrence (HALO) procedure. PRO provides prebuilt cric kits; all equipment is in one place, 4 hours of training with ongoing quarterly training.
There is no data-not performed yet.
Motion: by Dr. Tennyson to recommend to the Department that the approval for the Surgical Cric special project continue. Seconded by Dr. Dyer. Approved – unanimous vote.
Discussion: Should this project be opened to other services? Will put on the agenda for April. There was no noted correlation to Cric insertion training and increased success with intubations.

11:12 am Dr. Tennyson left the room. Returned at 11:14 am.

c. Pediatric sepsis protocol. Discussion and vote.
The Pediatric expert is not present. Discussion-recommend waiting to discuss when the expert is present.
Motion: by Dr. Tennyson to table the Pediatric Sepsis Protocol discussion and vote. Seconded by Dr. Tollefsen. Approved – unanimous vote.

d. Pediatric CPAP for IFT. Discussion and vote.
The Pediatric expert is not present. Discussion-recommend waiting to discuss when the expert is present.
Motion: by Dr. Walter to table the Pediatric CPAP for IFT discussion and vote. Seconded by Dr. Old. Approved – unanimous vote.

Motion: by Dr. Tollefsen to adjourn the meeting. Seconded by Dr. Old.
Approved – unanimous vote.
Meeting adjourned at 11:26 am.

Next Meeting: February 9, 2018