



Meeting Minutes

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

1.0 Agenda

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2.0 Call to Order

Dr. Jon Burstein called to order the September meeting of the Emergency Medical Care Advisory Board’s Medical Services Committee at 10:05 am on September 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. Restuccia to accept the June minutes. Seconded by Dr. Dyer.	Approved - unanimous vote.

Motion	Result
Motion: by Dr. Tennyson to have DPH to look into forming an IFT subcommittee. Seconded by Dr. Restuccia.	Approved – unanimous vote.

Motion	Result
Motion: by Dr. Restuccia to table the Check and Inject project discussion. Seconded by Dr. Tollefsen.	Approved – unanimous vote.

Motion	Result
Motion: by Dr. Tollefsen to use the Fast-ED scale in the Stroke Protocol. Seconded by Dr. Restuccia.	Approved – unanimous vote.

4.0 Action Items

The following table lists the action items identified during the meeting

Item	Responsibility

Agenda

1. Acceptance of Minutes: June 9, 2017 meeting
Motion: by Dr. Restuccia to accept the June minutes. Seconded by Dr. Dyer.
 Approved - unanimous vote
2. Task Force reports- no reports
3. Old Business
 - a. (System CQI report)-no report
 - b. MATRIS- data were presented that 47% of EMS runs were for patients of 65 years or older. Expectation that this demographic will increase from 1.2 M in 2020 to 1.7 M by 2035 in MA.
 - c. Seizure Treatment discussion (Mr. Faunce). Withdrawn.
 - d. Advanced ondansetron and cardiac monitoring. Discussion and Vote.
 A concern was raised that Advanced EMTs do not provide cardiac monitoring. Concern that ondansetron may cause prolong the QT waves. The literature shows prolonged QT = 10 ± 16 milliseconds. No concern reported from the committee. Prolonged QT waves may occur with stacking doses of a medication. No motion.
 - e. IFT process and protocols (Dr. Cohen). Discussion and Vote.
 Recommended that a subcommittee be formed to work on updating the Interfacility Transfer (IFT) protocol. The intent would be to update protocols, create training recommendations and standardize handoff practices. Participants would include ICU, Pediatric, ED, Acute Care Nursing, Regional Representation, Air and Ground personnel. This committee could meet monthly. DPH staff noted that the subcommittee would be subject to Open Meeting Law.
Motion: by Dr. Tennyson to have DPH to look into forming an IFT subcommittee. Seconded by Dr. Restuccia. Approved – unanimous vote.
 - f. Emergency changes update. Informational.
 TXA and Pediatric Transfer documents may be out soon. The Pain protocol is being reviewed. Committee members would like all changes to be put out at one time if possible.
4. New Business
 - a. BLS Epi Check and Inject SPs. Discussion and Vote.
 Dr. Restuccia reported that this special project was brought to the Region II meeting and was tabled. Recommends tabling the discussion today.
 Dr. Burstein reported that 14 patients have been treated by Pro Ambulance EMTs. 10 patients in the affiliated services. No errors reported.
 Gibson McCullagh-Professional Ambulance, reported the services have been utilizing the check and inject Epi since April 2016. EMTs are retrained quarterly.
Motion: by Dr. Restuccia to table the Check and Inject project discussion. Seconded by Dr. Tollefsen. Approved – unanimous vote.
 - b. Stroke POE process. Informational
 There are more data that reports that large vessel occlusion stroke (LVOS) patients do better with an endovascular hospital destination. Eight hospitals in MA can do endovascular interventions/procedure.

Currently the MA Stroke POE has a transport destination to a stroke hospital. OEMS cannot yet rewrite the Stroke POE. At this point services can contact on-line Medical Control for approval to transport a patient to an endovascular hospital. Discussion on which stroke scale to use. Dr. Schwamm-MA Stroke Initiative sent a letter to hospitals recommending the FAST-ED scale. Await changes to the Stroke POE, in the meantime training can be done in preparation.

c. Stroke Scale use. Discussion and Vote

3-4 on the Fast-Ed scale indicates an LVOS. Lower scores indicate would indicate another type of stroke process.

Motion: by Dr. Tollefsen to use the Fast-ED scale in the Stroke Protocol.
Seconded by Dr. Restuccia. Approved – unanimous vote.

d. IAB document on scene protection for fentanyl analogues. Discussion.

The federal Interagency Advisory Board document for PPE when responders are exposed to synthetic opioids ex. carfentanil was compared to the American College of Medical Toxicology document. Main difference is the recommendation of IAB to use a P100 respirator. Sense of the committee is that the ACMT document is more scientifically accurate but either is currently acceptable until further recommendations are issued.

Director Updates:

- Aaron Gettinger's-Certification Coordinator-last day at OEMS is today.
- Elizabeth Chen is the-new Associate Commissioner over BHCSQ.

Next Meeting: October 13, 2017

Adjourned: 11:21 am