

MSC Meeting Minutes

June 14, 2024 @ 10AM started at 10:02

In Attendance: Walker, Tollefson, Dyer, Broach, Brennan, Knowles (10-11), Gaughan, Old, Congdon, Cohen by audio only, and Kring

Department attendance: Susan Lewis, Jon Burstein, Renee Atherton

Absent: Kramer, Knowles (11-12), Chung, Bivens

Accept April Minutes – Walker motion and Old second Approved

OEMS Update –working through electronic solutions for recertification process, no longer paper cards. DPH is working on hospital systems right now and electronic system late summer for ambulance licensure and MIH applications.

Old Business

- a. STP 1.0: Changes in 1.0, shared the document on screen- discussion. Vote: 9 approve, opposed, none abstain none
- b. Trauma POE language – Kring asked how it will impact patients and destination. Discussion. Approve 11 oppose 0 abstaining 0

New Business

- a. Uxbridge SPW – Josh Bennett seeking approval for Uxbridge FD to use istat cartridges. All the initial training and QA is done, currently used for Lactate per protocol on sepsis patients. Currently have used for sepsis in 36. Now want to add in Chem 8 and troponin for early notification. 100% QA of our calls. Is there a change in treatment or destination? No just expedites knowledge for the receiving physician to already have these numbers Discussion.
MOTION: Motion to approve as written, Brennan; second by Congdon. Vote: 8 votes for Opposed Walker and Tollefson abstaining None 8-2 approval.
- b. MDO push dose pressors – OEMS asked about push dose medical director option protocol to include what meds? What circumstances and what conditions? Dyer: I think it is a lot to include all meds broadly. She suggests that we keep it to push dose epi. Knowles: suggested we start with med con contact prior to administering and we can always reevaluate later. Walker: do we want real time med con, or preempt with approval from med con ahead of time. Too difficult to do in real time. Pt shows clinical compromise and has hypotension. Broach; it's a number plus clinical evidence.
Chair will create a skeleton language/protocol for next meeting. Dyer suggested that this is a good opportunity to rework the protocols 2.16 and 3.8, shock and ROSC because currently they have different requirements. Plan to bring back edited versions for possibly October 2024 meeting. Tollefson: it's a bridge to pumps, make sure it's written like this and not a dose only. There are repeat epi pushes used in other states, do we want that as a option, or do we want to limit to its use only as a bridge to pump. Walker: repeat push dose is okay for the ride to the hospital.
- c. EMS Blood Transfusion – Move to next meeting.

Next meeting : Sept 13 2024
Adjourn Walker and Old 11 27 am