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|  |  **Meeting Minutes** |  |
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| Subject: | Medical Services Committee |
| Date: | October 12, 2018 – final |
| VotingMembers:Absent Members: |  Dr. Burstein (chair), Dr. Beltran, Dr. Bivens, P. Brennan, Dr. Chung, Dr. Dyer, D. Faunce, S. Gaughan, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollefsen,  Dr. Walker and Dr. Walter. , P Dr. Cohen.    |

# 0 Agenda

[1.0 Agenda](#_Toc208315781) 1

[2.0 Call to Order 1](#_Toc208315782)

[3.0 Motions](#_Toc208315783) 1-2

4.0 Action Items…………………………………………………………………………….......... 2

Old Business……………………………………………………....…………………….……........3

New Business…………………………………………………………………..…....…......…....3-4

[Next Meeting](#_Toc208315788) ..4

Review of email distributed articles.

# Call to Order

Dr. Jon Burstein called to order the October meeting of the Emergency Medical Care Advisory Board’s Medical Services Committee at 10:02 am on October 12, 2018 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.

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| **Motion** | **Result**  |
| **Motion:** by Dr. Restuccia to accept the September minutes. Seconded by Dr. Tennyson.  | **Approved -** unanimous vote.  |

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| **Motion** | **Result**  |
|  **Motion:** by Dr. Walter to add the word slowly to ketamine IV dosing in Protocol 2.13 Pain and Nausea Management.Seconded by Dr. Beltran. |  **Approved -** unanimous vote. |

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| **Motion** | **Result** |
| **Motion**: by Dr. Walter to change the language in the IFT protocol section B-1 to read: For patients 2 months or greater ALS transport may be indicated in place of CCT for patients requiring hi flow nasal cannula if the patient has an FiO2 <50% or less and a O2 sat of > 92% and are stable on settings for 20 minutes if agreed to by the physician and receiving on line medical control. Seconded by Dr. Walker. | **Approved** – unanimous vote. |

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| **Motion** | **Result** |
|  **Motion:** by Dr. Walter to approve CPAP by AEMTS as a standing order in 2.6ABronchospasm/Respiratory Distress – Adult and 3.6 Congestive Heart Failure (Pulmonary Edema) as a MCO.Seconded by Dr. Tollefsen. | **Approved** – unanimous vote. |

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| **Motion** | **Result** |
| **Motion:** by Dr. Tennyson to approve CPAP by Basics as a MCO.  Seconded by Dr. Beltran. | **Approved** – Dr. Beltran, Dr. Bivens, Dr. Chung, Dr. Dyer, D. Faunce, S. Gaughan, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollefsen, Dr. Walker and Dr. Walter. Opposed – P. Brennan. Abstentions – none. |

**4.0Action Items**

The following table lists the action items identified during the meeting

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| **Item** | **Responsibility** |
| Determine par levels for ketamine IV and IM. | DPH |
| Compile recommendations of procedures requiring 100% QA | DPH |

 Agenda

1. Acceptance of Minutes: September 12, 2018 meeting

**Motion:** by Dr. Restuccia to accept the September minutes. Seconded by Dr. Tennyson.

**Approved** – unanimous vote.

10:05 Dr. Old arrived.

10:06 David Faunce arrived.

1. OEMS Update-Mark Miller

OEMS will be moving to a new facility in 2019. Current information-offices will be on the 3rd floor. Conference Rooms and meeting rooms will be available on site. MIH is underway. ED Avoidance is in process. Reimbursement opportunities are being discussed. Scott Cluett has been hired as the MIH Manager. Scott has managed the MIH program at EasCare. Alice Byrd and Fatima Penn are on staff. Discussing payment options – CMS is currently offering bundle payments for services. This might be an option for MIH. A 20% bonus is offered for services doing a “good job”. Elizabeth Chen has been supportive of OEMS’s efforts in MIH. There is an AED registry similar to Pulse Point which locates AEDs. Dispatch centers would need to pay a fee for joining. Atrus, (another AED location company), a Zoll company. Aetna insurance is being looked at for reimbursement options. 911 Commission is reviewing. Lahey and BI have merged. Care must be provided to Mass Health patients. The EMCAB meeting is scheduled for October 17, 2018 at 10 am at MEMA. Will discuss crics and ketamine. There are 11,000 EMS personnel to recertify this year. Notices and emails have been sent out to all personnel with current email and address information.

1. Old Business
	1. Membership of the committee. Informational.

 Dr. Chung is the EMSC representative. Dr. Bivens replaces Dr. Geller as the suburban

 Medical Director.

* 1. Ketamine for pain as drip instead of bolus (Dr. Beltran). Discussion and vote.

 Ketamine IV administered slowly decreases dysphoria. Mix in 100cc or 250 ccs given

 over 15 minutes. Concern raised for par levels of different concentrations of IV and IM

 ketamine. OEMS determines par levels. DHP will work with DCP to determine par

 levels.

 **Motion:** by Dr. Walter to add the word slowly to ketamine IV dosing in Protocol 2.13

Pain and Nausea Management.

Seconded by Dr. Beltran. **Approved** – unanimous vote.

1. New Business

 a. Articles on GCS. Informational.

 Two articles in the MSC packet-Asking a patient to follow commands is more reliable

 than the Glasgow Coma scale. Required by NEMSIS and NHTSA.

b. Respiratory support in pedi IFT (high flow nc). Discussion and vote. Invited guests

 Drs. Kleinman and Hettler.

 Can EMS providers safely transport a special group (pediatric patients with respiratory

 bronchiolitis 8 years and younger) by ALS rather than CCT? Region 1 parameters in

 the hospital note a patient with a nasal cannula, 2 months or older, with an FiO2 <50%

 and a O2 sat of 92% are considered stable. Discussion-monitor for 20 minutes.

 10:51 am Dr. Bivens left room, returned 10:53 am.

 Is there a need for the sending hospital, receiving hospital and pediatric specialist to

 discuss. Can document the conversation.

 **Motion**: by Dr. Walter to change the language in the IFT protocol section B-1 to read:

For patients 2 months or greater ALS transport may be indicated in place of CCT for

 patients requiring hi flow nasal cannula if the patient has an FiO2 <50% or less and a O2

 sat of > 92% and are stable on settings for 20 minutes if agreed to by the physician and

 receiving on line medical control.

 Seconded by Dr. Walker. **Approved** – unanimous vote.

c. CPAP by AEMTs. Discussion and vote. Invited guest Dr. O’Connor.

 AEMTs administer CPAP in NY, VT and CT. BLS administers CPAP in OH and WI.

 Motion by D. Faunce to allow AEMTs to administer CPAP as a MCO. Seconded by

 Dr. Tollefsen. Friendly amendment by Dr. Walker to allow PLS providers to

 Administer CPAP as a MCO. Discussion-AEMTS can administer nebulizers. Friendly

 Amendment by dr. walker to have AEMT administer CPAP in the protocol and for

 Basic EMTs to administer CPAP as a MCO. Nebulizers by BLS is a MCO. Should

 CPAP by Basics be approved if the Basic is not authorized to administer a nebulizer?

 Dr. Walker withdrew the motion for CPAP by Basic EMTs.

 **Motion:** by Dr. Walter to approve CPAP by AEMTS as a standing order in 2.6A

Bronchospasm/Respiratory Distress – Adult and 3.6 Congestive Heart Failure

 (Pulmonary Edema) as a MCO.

 Seconded by Dr. Tollefsen. **Approved** – unanimous vote.

 **Motion:** by Dr. Tennyson to approve CPAP by Basics as a MCO.

 Seconded by Dr. Beltran. **Approved** – Dr. Beltran, Dr. Bivens, Dr. Chung, Dr. Dyer,

 D. Faunce, S. Gaughan, Dr. Old, Dr. Restuccia, Dr. Tennyson, Dr. Tollefsen,

 Dr. Walker and Dr. Walter. Opposed – P. Brennan. Abstentions – none.

 Motion: by Dr. Dyer to move nebulizer to the Basic section.

Seconded by Dr. Old. Discussion-to discuss the nebulizer by Basics at the next

 meeting. No Vote.

d. Recommendations to OEMS for management of possible Question 1 issues?

 Discussion.

 -EMS delayed in patient delivery would increase wall time requiring a serious incident

 report.

 -? waivers for EMS to monitor multiple patients

 -diversion not allowed-Department will discuss Code Black.

e. 100% QA for critical procedures (which?)? Discussion and vote.-deferred

 Dr. Burstein asked members to email a list of recommended critical procedures.

 Motion: to adjourn by Dr. Old.

Documents utilized at meeting:

 -Stratton, S. Glasgow Coma Scale Score in Trauma Triage: A Measurement Without

 Meaning. American College of Emergency Physicians.2018 September; volume 72, no3.

 270-1.

-Hopkins, E., Green, S., Kiemeney and Haukoos, J. A Two-Center Validation of “Patient Does Not Follow Commands” and Three Other Simplified Measures to Replace the Glasgow Coma Scale for Field Trauma Triage. Annals of Emergency Medicine volume 72 no 3. 259-269.

-IFT protocol–B1Pediatric Patients

-Proposal for Inclusion of Continuous Positive Airway Pressure @ Advanced EMT

 Practice Level.

 -2018.2 STPs.

Next Meeting: December 14, 2018; MEMA in Framingham.