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

# 0 Agenda

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Review of email distributed articles. ET insertion may not be needed. Dr. Geller is retiring-Certificate of Appreciation to Dr. Geller.

# Call to Order

Dr. Jon Burstein called to order the September meeting of the Emergency Medical Care Advisory Board’s Medical Services Committee at 10:13 am on September 12, 2018 at the at the University of Massachusetts Medical School, Albert Sherman Center, Room AS6-3072, 55 Lake Avenue North, S2-343, Worcester, MA 01655.

# 3.0 Motions

The following table lists the motions made during the meeting.

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| **Motion** | | **Result** |
| **Motion:** by Dr. Dyer to accept the June minutes. Seconded by Dr. Old. | **Approved -** unanimous vote. | |

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| **Motion** | | **Result** | | |
| **Motion:** by Dr. Geller to approve continuation of  the MAIspecial project for 2 years.  Seconded by Dr. Old. | | **Approved** – unanimous vote. | | |
| **Motion** | **Result** | |  |
| **Motion**: by Dr. Cohen to require IFT training every 2 years using region IIs base  curriculum and to include in-person didactic sessions.  Seconded by Dr. Old. | **Approved** – unanimous vote. | |  |

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| **Motion** | **Result** |
| **Motion:** by Dr. Geller to table the CQI for critical procedures discussion.  Seconded Paul Brennan. | **Approved** – unanimous vote. |

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| **Motion** | **Result** |
| **Motion**: by Dr. Dyer to add the proposed flow sheet to the current protocol after Heart Centers approve.  Seconded by Dr. Geller. | **Approved** – unanimous vote. |

**4.0Action Items**

The following table lists the action items identified during the meeting

|  |  |  |
| --- | --- | --- |
| **Item** | | **Responsibility** |
| POLST-honoring out of state forms | DPH-OEMS to contact legislative representative. | |

Agenda

1. Acceptance of Minutes: June 8, 2018 meeting.

**Motion:** by Dr. Dyer to accept the June minutes. Seconded by Dr. Old.

**Approved** – unanimous vote.

1. OEMS Update-Mark Miller-MIH approved by Public health Council, Regulations promulgated. Webinars ongoing. Reminder that Community MIH requires no fee. Services must work with the towns, cities, local boards and/or AHMDs to determine the proposed plan. Possible programs might be immunizations, fall prevention. New staff -one inspector/compliance investigator and 3 MIH personnel.
2. Old Business

a.MAI special project data. Discussion and vote.

Dr. Restuccia presented UTD data for the MAI project. 4 Services are approved for this project-BEMS, Lawrence General Paramedic, Lowell General Paramedic and Umass Memorial. In 2016 there were 1383 intubation attempts with 1261 intubations (91% success rate). In 2017 there were 1581 attempts with 1460 intubations (92% success rate). Failed intubation patients were managed with LMA or bag-valve mask.

**Motion**: by Dr. Geller to approve continuation of the MAI special project for 2 years.

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

1. New Business
   1. Articles on epi and intubation in arrest. Informational.
   2. Statutory privilege in peer review. Discussion. When doing peer review as an agency

the discussion may be subject to subpoena. To change this would require a legislative

change, could request a legal opinion of the Office of General Council.

* 1. Termination of resuscitation. Discussion. The protocols must be followed. Medical

Control cannot order termination of resuscitation unless a Comfort Care, MOLST form

or criteria from Protocol 7.7 Withholding and Cessation of Resuscitation are met. The

prehospital resuscitative efforts need to continue until the patient has been received at

the hospital. A question was raised of how can EMS honor out of state POLST forms?

The Department to follow up with the Legislative representative.

* 1. Membership of the committee. New EMSC rep & replacement for one retiring MD

member. Discussion and vote. Dr. Bivens, Dr. Darnobid, Dr. Krendel and

Dr. Schoenfeld submitted letters of intent. Ballots distributed. 3 way tie among the 3

candidates attending. Dr. Burstein to interview the candidates and determine who will

fill the MSC position.

* 1. IFT educational package from Region 2 for possible adoption. Discussion and vote.

**Motion**: by Dr. Cohen to require IFT training every 2 years using region IIs base

Curriculum and in-person didactic sessions. Seconded by Dr. Old. Discussion-remove

the time frame 7-9 hours or 8 hours. Can training be done in 4-2 hour sessions-yes.

Dr. Tollefsen recommends a minimum of 8 hours training as a

friendly amendment. The Outline document was live edited to read:

-Methods: amended to read teaching and Practical Demonstration.

-Length: minimum 8 hours

-Faculty: approved by AHMD

-References: STPs all other references removed

-Assessment section: removed

-To remove slide requirement and time allotments

Dr. Tennyson moved to vote to accept with changes discussed.

**Approved** – unanimous vote.

f. Atrial fibrillation 3.2 – diltiazem for HR <150 as paramedic S/O? Discussion and vote.

Should the heart rate requirement be lowered? Some patients uncomfortable at 120. he protocol does have the option to call Medical Control for Heart Rate less than 150 and patient stable but symptomatic. No Motion made.

g. 100% QA for critical procedures (which?)? Discussion and vote. There is a requirement

for all services to do CQI. The types of high acuity low incidence procedures that should

receive 100% CQI have never been defined. Recommendations for all crics, all cardiac

arrests and needle decompression. Does the Affiliation Agreement with the hospital

define which procedures/ events must be reviewed? Compliance has not noted any problems from SIRs with hi acuity-low occurrence procedures.

**Motion:** by Dr. Geller to table this CQI for critical procedures discussion.

Seconded Paul Brennan. **Approved** – unanimous vote.

* 1. LVAD protocol update. Discussion and vote.

Dr. Ryan of BEMS presented as guest. The proposed flow sheet –reviewed- has language on when and how to troubleshoot the VAD. The flow chart is

intended to offer additional information, not replace the current protocol. Assessment

tips are in the protocol.

**Motion**: by Dr. Dyer to add the proposed flow sheet to the current protocol after Heart

Centers approve.

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

* 1. Future direction (degree of detail) for cardiac arrest protocol. Discussion and vote.

The CA protocol will be streamlined in the next protocol based on ILCOR and AHA

recommendations.

Documents utilized at meeting:

-Andersen, L.W., Granfeldt, A. Pragmatic Airway Management in Out of Hospital Cardiac Arrest American Medical Association. 2018 August 28; 761-2.

-Benger, J. et al. Effect of a Strategy of a Supraglottic Airway Device vs Tracheal Intubation During Out of Hospital Cardiac Arrest on Functional Outcome. American Medical Association. 2018 August 28; 779-91.

-Perkins, G.D., et. al , A Randomized Trial of Epinephrine in Out of Hospital Cardiac Arrest.

N Engl J Med. 2018 Aug 10;1-11.

-Wang, H., at al. Granfeldt, A. Effect of a Strategy of Initial Laryngeal Tube Insertion vs Endotracheal Intubation on 72-Hour Survival in Adults With Out of Hospital Cardiac Arrest

American Medical Association. 2018 August 28; 761-2.

-MAI PPP

-LVAD PPP

-protocol 3.2Atrial Fibrillation/Flutter

-2018.2 STPs.

Next Meeting: October 12, 2018; MEMA in Framingham.