

Summary Minutes

Regular Meeting of the
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory Committee
8:30 a.m., Friday, September 11, 2009
Arrowwood Resort
2100 Arrowwood Lane
Alexandria, Minnesota

Members Present

Mari Thomas, M.D., Chair
R. J. Frascone, M.D.
Dan Hankins, M.D.
Paula Fink-Kocken, M.D.
Kory Kaye, M.D.
Pat Lilja, M.D.
Ralph Morris, M.D.
John Pate, M.D.
Paul Satterlee, M.D.
Mike Wilcox, M.D.

Members Absent

Gary Foley, M.D.
John Hick, M.D.
Mark Lindquist, M.D.
Steven Mulder, M.D.
Tim Rittenour, M.D.
Christopher Russi, M.D.
Robert Zotti, M.D.

Guests

Steve Andrews
Marc Conterato, M.D.
Suzanne Gaines
Kent Griffith
J.B. Guiton
Tim Held
Curt Ireland
Brian Mahoney, M.D.
Buck McAlpin
Kristi Moline
Scott Reiten
Ron Robinson
Josh Salzman
Jennifer Smith
Bill Snoke
Dan Stensrud
Tom Vanderwal
Casey Wolter

Staff

Katherine Burke Moore
Executive Director
Melody Nagy
Robert Norlen
Debra Teske
Keith Wesley, M.D.

Board Members Present

Dawn Bidwell
Kevin Miller
Jim Rieber
Mark Schoenbaum
Matt Simpson

I. Call to Order

Dr. Thomas called the meeting to order at 8:32 a.m. and asked members to introduce themselves.

II. Review of Agenda

Dr. Thomas said that amendments were proposed for the agenda yesterday. Dr. Satterlee moved approval of the revised agenda. Dr. Wesley seconded. Motion carried.

III. Approval of Minutes

Dr. Wesley moved approval of the March 6, 2009 minutes. Dr. Satterlee seconded. Motion carried.

IV. EMSRB Updates

Proposed Procedure for Trauma Transport Variance

Ms. Burke Moore said that staff has been working on guidelines for trauma transport variances. Mr. Norlen explained the documents provided to the committee. Ambulance services can adopt this template. Any ambulance service that will deviate from the guideline will need to submit a request to the Board for approval. These documents will be distributed to ambulance services.

Dr. Frascone said that he has concerns about the handling of airway management situations at some facilities. He asked if there would be a way to have a variance. Mr. Norlen said that this would be a deviation request. Dr. Wesley said that the deviation would not depend on the condition of the patient but would relate to the 30 minute time frame. Dr. Thomas said that the deviation will allow ambulance services to best serve the patient.

Dr. Mahoney asked about vital signs based on age group. Dr. Thomas said that this is a guideline for rating of severe trauma. Dr. Mahoney said that we will not be using this format at his service. Dr. Lilja said that guidelines should not be absolutes for legal reasons. Mr. Held said that the flow chart is the statewide standard and can be changed as ambulance services need. Dr. Lilja said that we may need to change state law to correct this. Mr. Held said that the guidelines can be changed without changing state law. Mr. Held suggested that this could be revised to better define the wording. Dr. Wesley suggested that the STAC review this document further. Dr. Wesley said that there is a definition of trauma in state law. Dr. Lilja said that there is no research to support these numbers. Dr. Hankins moved that this language be reviewed by the state trauma advisory committee. Dr. Pate seconded. Motion carried.

Ms. Bidwell provided a document containing a list of topics for EMT training.

Medical Director's Report Online Medical Direction Course

Dr. Wesley said that the core modules of the course are ready to go. The state specific modules are yet to be created. He did not receive any feedback from committee members on what has been provided.

POLST DNR Form Update

Dr. Wesley said that he has been working with the Hennepin County hospice group and Allina on this issue. Dr. Wesley said that his focus was section A of the form. He said that this is a clearly worded form. Dr. Wesley said that he would like the committee's endorsement of the form. The Minnesota Medical Association will be distributing the form with the endorsement of other groups.

Dr. Hankins asked about the signature block. Dr. Wesley said that this only relates to a PA. It must be signed to be valid. Dr. Frascone asked about intubation. Dr. Lilja said that this should not be included with CPR. It is listed elsewhere on the form. Dr. Thomas said that the committee needs to look at this from the First Responder's perspective not as physicians. The committee discussed changes to the form. Dr. Frascone said that CPR should include invasive airway management. Ms. Bidwell said that the form should not be changed.

Dr. Pate moved to accept the form. Dr. Lilja seconded. Motion carried. Dr. Frascone voted against the motion. Ms. Bidwell suggested that the form be distributed on a bold colored paper.

Take Heart Minnesota

Dr. Wesley said that this will be discussed at the conference, so no need to discuss.

Proposed Mandatory ResQPOD Education

Dr. Wesley referred to the position statements distributed to committee members. Dr. Wesley asked if the ResQPOD is current technology for CPR. Dr. Lilja said that the Medical Direction Standing Advisory Committee should not be endorsing any device. The ambulance service medical director is responsible for training of their personnel on appropriate equipment. Dr. Lilja said that this can impact patient care.

Dr. Satterlee said that ambulance services are required to have defibrillators. Why would this be different? Mr. Norlen said that defibrillators are required but not a specific brand. Dr. Hankins said that the science does not support this device. Dr. Hankins said that we need to wait before endorsing a device. There are many useless devices that have been suggested over the years. Mr. Rieber asked if training and education requirements are adopted before they are in the national standards. Dr. Thomas asked for a motion from the committee on this position statement. Dr. Lilja moved that the committee not support mandatory ResQPOD education. Dr. Hankins seconded. Motion carried.

Dr. Wilcox said that education on ResQPOD is provided in the CALS Program.

Statement of Support for High Quality CPR

Dr. Wesley offered a document for committee endorsement. Dr. Lilja asked if this document was to be supported as a protocol. He provided examples of two other documents on how CPR is conducted. He said that this document is good but we cannot say this is how you must do it. Dr. Wesley referenced several other articles. Dr. Wesley said that the guidelines do not reach the highest level of evidence. At what point do we decide that the evidence is sufficient. Dr. Lilja said that he would support this as a good guideline but medical directors need to be able to adjust the guidelines based on their specific needs. Dr. Pate said that he is encouraging use of the “King” airway with the continuous chest compressions. Dr. Satterlee asked if there is a role for this group to recommend guidelines to other medical directors. Dr. Wesley said that physicians do not have to take a CPR. We need to share our knowledge.

Dr. Thomas moved support for implementation of high performance CPR with an IPR. (impedance threshold device). Dr. Lilja said that these would be separate issues.

Dr. Lilja moved support of high performance CPR as a guideline without the IPR. Dr. Lilja said that information can be provided on the impedance threshold device. Dr. Hankins seconded. Motion carried.

Protocol for H1N1 antivirals to be Dispensed by Medical Directors

Dr. Wesley said the question has been raised - Could paramedics dispense antivirals? These forms are intended to be templates for ambulance services to use. Dr. Mahoney said that these documents were intended to resolve legal issues. Dr. Mahoney said that agencies have purchased “tamiflu” and the question is how they dispense the medication. Dr. Mahoney said that medications can only be dispensed by physicians and pharmacists.

Dr. Mahoney said that he intended this form to be used by first responders to keep them available to work. This is not to be used for family members. The form includes a warning for high risk scenarios for persons who should seek medical attention.

Dr. Mahoney stated that the question remains about paramedics dispensing antivirals. There must be a prescription signed by the physician to dispense the medication. The patient must also sign the consent form.

Dr. Mahoney asked if the EMSRB can receive an attorney general’s opinion on this. Dr. Wesley said that the Board of Pharmacy regulations do not allow paramedics to dispense medication. There is a difference between administration and dispensing. Is this in the Scope of Practice for the EMSRB. Dr. Lilja said that we cannot wait for an attorney general’s opinion on this.

Dr. Mahoney said that he will be training proxies at his locations to provide the prescriptions. The medications must be labeled appropriately. Pharmacies must dispense of the medications. Dr. Mahoney said that the nurse at the jail cannot dispense the medication to sheriffs. Dr. Mahoney stated that if there is an emergency declared then these rules may be suspended.

Dr. Wesley said that it is agreed by the committee that this should be within the scope of the EMSRB. Dr. Wesley said that he received comments that the recommendations are broad. Dr. Mahoney said that the guidelines could be changed if needed. Dr. Lilja said that the CDC requirements do not include First Responders. He suggested waiting for the CDC requirements. Dr. Mahoney said that the employee must decide if they are sick and need this medication. The proxy can make a recommendation. Dr. Lilja suggested that the clinic be responsible for distribution of the drug. Dr. Wesley asked if committee members could provide written comments to the forms distributed. Dr. Wesley suggested that the form be available online for review before the employee makes a decision on needing a medication.

V. Emergency Preparedness Update

Dr. Mahoney said that this was prepared for pandemic flu. Ms. Gaines said that the metro region EMS committee decided that this should be adopted. Ms. Gaines provided three documents for the committee to review. Ms. Gaines said that the guidelines provide information on how to keep families safe from flu. Dr. Mahoney said that all these materials are available on the website. Ms. Gaines said that the triage guidelines will be useful for ambulance services. Ms. Gaines said that we do not know what the demand will be yet. She provided statistical information on a proposed model for pan flu. Ms. Gaines said that this information was distributed to all Hennepin County employees.

Ms. Gaines said that the triage guidelines were developed as peer review. We do not have comments from the general public or legislators on the guidelines. We will be documenting use of the guidelines. She said that they are working with public health on delivering the message to the public. Dr. Mahoney said that the message should be consistently applied and explain the specific situation of patient care at the hospital. Ms. Gaines said that the appendix has been approved for use in the metro area. She explained the document more fully.

Dr. Mahoney said ambulance services would need to agree to share resources. Ms. Gaines said that we need to know the plans of other agencies to make this work. Ms. Gaines provided statistics for Minnesota pan flu cases. She referred to the website where this information is available.

Mr. Guiton said that ambulance services must respond code three when appropriate. He asked how medical directors will respond to a governor's directive. Dr. Lilja said that by law ambulance services must respond (it may take a long time). Emergency rooms may have a significant backup of patients.

Dr. Frascone thanked Dr. Mahoney and Ms. Gaines for their hard work on pan flu planning. He asked if there could be an endorsement by the EMSRB for medical directors to have access to this plan. He asked that this be placed on the EMSRB agenda for endorsement. Ms. Burke Moore said that these could be suggested guidelines. Dr. Wesley said that if this is a recommendation from the state medical director it could be distributed as a model. He suggested this be posted on the website.

Dr. Lilja moved use of this as a resource for medical directors. Dr. Frascone seconded. Motion carried.

VI. MDSAC Membership Discussion

Dr. Thomas said that at the last two meetings we did not have a quorum. She said that the physicians on the Board and the Executive Committee will discuss this issue further and make a recommendation.

VII. Next Meeting

The next meeting is set for March 5, 2010 at 9 a.m. at the Long Hot Summer Conference.

VIII. Adjourn

Dr. Lilja moved to adjourn. Dr. Fink Kocken seconded. Motion carried.