

Summary Minutes

Regular Meeting of the
Emergency Medical Services Regulatory Board
Medical Direction Standing Advisory Committee
DoubleTree by Hilton, Bloomington, Minnesota
10:00 a.m., Friday, March 9, 2012

Members Present

Mari Thomas, M.D., Chair
Aaron Burnett, M.D.
Paula Fink-Kocken, M.D.
Gary Foley, M.D.
Charles Lick, M.D.
Pat Lilja, M.D.
John Lyng, M.D.
Ralph Morris, M.D.
John Pate, M.D.
Mike Wilcox, M.D.

Members Absent

R. J. Frascone, M.D.
Dan Hankins, M.D.
John Hick, M.D.
Kory Kaye, M.D.
Christopher Russi, M.D.
Paul Satterlee, M.D.
Bob Zotti, M.D.

Guests

Curt Ireland
Matt Maxwell
Edward Ratner, M.D.
Scott Reiten
Kevin Sirmons, M.D.

Staff

Pam Biladeau, ED
Melody Nagy

Board Members Present

Pat Lee

I. Call to Order

Dr. Thomas called the meeting to order at 10:06 a.m.

II. Introductions

Dr. Thomas asked members and guests to introduce themselves.

III. Approval of Agenda

Dr. Thomas asked for approval of the agenda. Dr. Pate moved to approve the agenda. Dr. Lilja seconded. Motion carried.

IV. Approval of Minutes

Dr. Thomas asked for approval of the minutes from the September 8, 2011 meeting. Dr. Wilcox moved approval. Dr. Pate seconded. Motion carried.

V. Chair's Remarks

Dr. Thomas said that we want to discuss the POLST form. Copies were provided. The EMSRB endorsed the form at their last meeting. The new form provides clarification for calling medical control.

Dr. Burnett said that he would suggest an addition for CPAP. Dr. Ratner commented that this is a communication tool. What we can implement and train is different. This can be added in the physicians' orders. He said you could add a lot of things to the form as check boxes. Dr. Lyng said that this is not only used in a prehospital setting. This is a common intervention. Dr. Lilja said that he agrees with the way the form is written. It needs to be clearly explained for the family members. He said that he tells his medics to start CPAP if needed. Dr. Burnett asked about bag valve mask use. Dr. Lilja said that the history is that some patients did not want to be intubated and put on a ventilator. Dr. Ratner commented that when a patient is transported we want to make them comfortable in any way we can and get them to the hospital rapidly or decide not to transport and provide comfort care.

Dr. Pate commented that it is possible that “do not transport” is a problem statement. This is for hospice patients. The hospice facilities do not call us. The form gives good direction. Dr. Ratner said that this form has received feedback in its development and he is seeking feedback on implementation from medical directors in putting this in policy at the ambulance services. How can my group help you with training on use of this form? The form is endorsed by the EMSRB. We want programs to accept the form and not make changes.

Dr. Thomas said that we will never have a perfect form. Education is a big tool. The form should be provided to medical directors. The training will happen at the local level by medical directors. Dr. Ratner said that he has online training tools. Dr. Foley suggested that a pamphlet be distributed with the forms. Dr. Pate suggested that this needs to be distributed to social workers with the proper explanation to the ambulance crew.

Dr. Lyng said that we used a similar form in New York. As part of their process every provider was required to go through an online education and pass an exam. This gave good education on the form and its uses. He suggested one training tool be developed and distributed.

Dr. Ratner said that this form concentrates on the last year of life and emphasizes the legal authority for care of the patient. In Minnesota if you keep someone alive you have immunity. When in doubt get someone to the hospital.

Dr. Ratner said that a QA sheet would be useful. He said that he will provide training materials to the EMSRB to post to the website. We want to have this form be available electronically.

Dr. Burnett suggested continuing education hours be developed for training and use of this form.

Dr. Ratner asked that this be reviewed every third meeting to improve education and seek feedback from persons using the form.

VI. EMSRB Update

Ms. Biladeau said that the education standards legislation is moving forward. She said that she testified about this legislation and it was passed and will be heard by the Senate in about two weeks. There are very few issues because in the majority of cases in Minnesota we are teaching at or above the standards. We provided a rollout of the new standards. An educators’ workgroup completed a gap analysis. The EMSRB will be developing standards for approval of education programs and community paramedic programs.

Also provided for your information are some reports on MNSTAR use. If you have questions, please let me know.

VII. Congenital Adrenal Hyperplasia

Dr. Fink-Kocken said that this is being discussed at conferences. We have been asked to look at what Minnesota can do. The advocacy group wants to have ALS services carry a particular drug for these children. They want non ALS providers to assist families in giving IM shots. They want to educate EMS providers on the topic and what to do about it. We met with the group and MDH to discuss the issue. This problem is identified during a newborn screening. One child in sixteen thousand has this problem.

Dr. Fink-Kocken said that in Minnesota we would not want to put in statute carrying medication for this low volume special care problem. We also do not want to encourage the use of epi-pens for this because it needs to be properly identified. Rather we want to provide rapid transport to the hospital for diagnosis. We want to provide a protocol for ambulance services. Family members need to have medical alert bracelets available to identify the problem. Dr. Fink-Kocken referred to a power point

presentation that was used in Nevada and is focused on the EMT level. She said that the presentation can be used for crews. She also suggested adding information to the Minnesota pediatric protocols. Dr. Pate said that he would support education for these scenarios. Would anyone recognize this in a patient if the history was not known? I do not know that I have this drug available.

Dr. Thomas said that in her area she has special needs patients and she provides custom information to her crews on their care.

Dr. Lyng said that this was discussed at NEMSP. He said that the approach we are suggesting is good. We do not need a specific protocol for each special needs situation. These are extremely rare cases. Our protocol manual would be too large to manage. The patient's family needs to contact local EMS to educate them on the special needs child. It was suggested that EMS providers could assist patients with administration of special medication.

Dr. Sirmons said that the medication is not expensive. He suggested making a note in the CAD. Dr. Lilja said that you do not know the circumstances of the patient and it may not be beneficial to give a shot on scene the child may be sick with another illness. He said that he has never seen this in 40 years of practice. The most important thing is transport to the hospital.

Dr. Thomas said that this was discussed at the meeting with the advocacy group and MDH. We came to an understanding with the group as to what our policy will be in Minnesota. Dr. Lilja said that he felt the same about food allergies. We need to be careful about setting statewide policy for Minnesota. Dr. Burnett said that we have been impressed with the persons providing LVAD education. He suggested that these two groups have a discussion.

Dr. Lick asked that the power point presentation be available on the EMSRB website. Dr. Lyng suggested a policy be developed that addresses the question of special interest groups for specific treatments or therapies. Dr. Thomas said that we should review special interests on a case by case basis. She said that the discussion with this group was beneficial on both sides. Dr. Lyng said that we want a consistent approach. Dr. Thomas said that the physicians on the board review topics and bring them forward to the MDSAC for discussion and then if needed adoption by the Board.

Dr. Pate said we need to adopt the KISS principal.

Dr. Fink-Kocken said that when she reviewed protocols she decided we need to add information on shock. Other states have various policies. She said that she developed information on hypotensive shock to add to the protocols. She said that when she discussed medications the group was emphatic on use of this particular treatment. She provided a sample protocol. Dr. Lyng suggested a correction to the protocol and adding information on sepsis. Dr. Burnett suggested emphasizing number 3A (administration of fluids).

Dr. Thomas said that we are looking for a motion on the guideline provided. Dr. Pate asked for clarification of item four. Dr. Lilja suggested it be re-written. Dr. Lick said that if we leave this in the protocol it will prompt the crew to ask further questions for clarification of care.

Dr. Lyng moved acceptance the guideline with the suggested changes. Dr. Foley seconded. Motion carried. Dr. Fink-Kocken said that she will provide a copy when it is revised.

VIII. Drug Shortages

Dr. Thomas said that this is being discussed in the news. She asked if there are issues at the local level. It has been suggested to use drugs past their expiration or a different drug. Dr. Lilja said that the FDA has made exemptions on an individual basis. Dr. Lilja said that we need to determine what the medication is needed for. We can substitute other drugs. This is a problem in EMS and at the hospitals.

An option that has been suggested is to not penalize ambulances for expired drugs. Dr. Thomas said that much depends on storage of the drugs. Dr. Lilja said that the Board has to make a determination on penalties for expired drugs.

Dr. Lyng said that some drugs in the strategic stockpile can be accessed in a public emergency. This would be an extreme circumstance but could be considered.

Dr. Burnett said that dosages are at different levels when supplies are received from different sources and that puts patient at risk for medication errors. There are different shortages at different pharmacies.

Dr. Thomas said that there is information online regarding drug shortages. She said that she brought this up for awareness.

Dr. Lyng said that there are places that test the effectiveness of the expired medication. Dr. Burnett said that this would not be practical in Minnesota. Dr. Pate said that in our rural area we have been able to keep an adequate supply of needed drugs. Dr. Lick said that we have changed suppliers to provide needed drugs.

IX. Medical Director New EMS Subspecialty

Dr. Thomas said that this was discussed after the Medical Director's retreat. Dr. Pate said that he had questions about this certification. He said that he received further information from Dr. Lilja on this topic. Everyone involved in this will be taking their own measures to take care of this.

Dr. Pate said that his question is continuing education for persons who do not participate in conferences. Can we reach out? There will be a certain number of subspecialists that will provide guidance to bigger organizations. Will the rural EMS director be at risk versus the board certified medical director? What training does the physician have in emergency medical services? What should we be doing for the EMS directors?

Dr. Thomas said that the medical direction course was used in the past. Dr. Satterlee was looking at this in alignment with Allina activities. Dr. Wesley previously looked at this. Dr. Lilja suggested that the old course be updated. This could be online learning with a certification of participation with questions built into the course. Who has the money to develop this? Dr. Wesley had developed modules for this. Dr. Thomas said that it was suggested that this be hosted on the EMSRB website. Dr. Lilja said that we need verification of their participation.

Dr. Pate said that this is used at the federal level. Are their resources available to develop a simple course?

Dr. Burnett said that the Medical Direction retreat is a good venue for education for physicians to discuss best practices. Dr. Wilcox said that he presented this at the medical director's retreat in the past.

Dr. Pate suggested that regular attendance at the medical director's course should be included in regular training. Dr. Thomas said that this has been discussed to have the regional grant programs provide courses. Dr. Wilcox said that regional programs have provided the funding for physician attendance at the Medical Director's retreat. Dr. Wilcox said that we are all required to take education.

Mr. Lee said that if the EMSRB can provide the information and have it distributed to the regional programs; the implementation can happen at the regional level. He said that he includes funding for medical directors to attend events. He suggested that this be a video. Mr. Reinten said that it needs to be available at the local level. He said he is funding ambulance director attendance because physicians cannot leave their practice.

Dr. Lilja moved that that the medical director's course be reviewed and he encourage the EMSRB to review the course and look for ways to disseminate it across Minnesota. Dr. Pate seconded.

Dr. Pate said that a sign-off on 400 hours can be accomplished by attending the Arrowhead EMS Conference. Dr. Lyng said that we want to encourage participation in the subspecialty certification. We want this to be permissive not restrictive. Dr. Burnett said that we do not want to exclude medical directors at small services. Dr. Thomas said that we need to provide this information to family practice physicians.

Dr. Lyng asked about physicians who are not as involved with their ambulance services. This could lead to quality of care concerns. I do not know what the EMSRB can do about this.

Dr. Lilja commented that the medical director's course was suggested to be required but this was not implemented by the Board. He asked that this be discussed again. What happens if the medical director does not take the course? Dr. Pate said that we do not want to discourage the volunteer medical directors. Dr. Lyng suggested mentoring. Dr. Thomas said that the regional programs can provide this role. Dr. Foley said that we need to provide resources and encouragement. Dr. Thomas suggested sharing information in newsletters.

Dr. Thomas asked that the motion be repeated. Motion carried.

X. New Field Triage of Injured Patient Guidelines

Dr. Thomas said that this document is available online. Dr. Lilja said that they will print it and send it if asked. Dr. Lilja said that they eliminated the mechanism of injury criteria. He said that other suggestions were provided regarding transports to trauma centers.

Mr. Lee asked if this should be distributed at RTACs. Dr. Thomas said that these are guidelines and can be shared.

XI. Other Business

None.

XII. Public Comment

Dr. Sirmons asked about liability of medical directors and their coverage on sign-off of protocols. What is there coverage as a medical director? Is there a recommendation from the EMSRB? Dr. Thomas said that there is an insurance clause for medical directors. The insurance company needs to be informed that you are a medical director.

XIII. Next Meeting

It was suggested to have the meeting the evening before instead of prior to the Board meeting. September 6, 2012 at 7 p.m. at Arrowwood Resort, Alexandria was selected.

XIV. Adjourn

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