

Connecticut Emergency Medical Services Medical Advisory Committee Meeting

Minutes for 11/14/2013

Attendance:

Richard Kamin, M.D., Peter Canning, Kevin Burns, Jenny Petrauskas, Alan Henschke, Kyle McClaine, M.D., Fred Potter, Gary Hebert, Glenn Arremony, William Begg, M.D., Paul Rabeuf, Jim Santacroce, Wendy Furniss, Steve Wolf, M.D., Ralf Coler, R.N., James Parker, M.D., Ian Medoro, Marielle Daniels, Brooks Walsh, Douglas Gallo, Fred Rosa, David Bailey

Meeting

Call to order 10:13

Review/ Approval of October minutes

Action: Minutes from October meeting approved.

DPH Report

NHTSA report has been divided into sections to be distributed to discrete workgroups. Office recognizes problems with the EMS data system and is prioritizing this. OEMS has recently received authorization to hire full-time data manager to fill the vacancy left by Dr. Teel.

The PSA Task force continues to meet with report to legislature due in February. In their discussions, the Task force has demonstrated considerable interest in using local EMS plans and more robust performance measures to address system issues.

The statewide EMS clinical care guidelines development group continues to meet and make progress. Regionally, momentum continues for the development of uniform New England EMS patient care guidelines.

Expanded scope of practice allowing CPAP for BLS providers has been approved by the Commissioner.

Cardiocerebral Resuscitation (CCR)

North Central CT region is actively developing a guideline but wishes to be consistent with statewide practice. Sponsor hospitals in other regions report already having implemented this care paradigm. Discussion ensued regarding current practices and evidence. There was consensus that this is probably not the best strategy for arrests of respiratory etiology. There appears to be no data to support the use of this resuscitation model in young pediatrics due to the prevalence of respiratory pathology preceding arrests in this population. The exact age threshold at when CCR would be the most appropriate strategy remains problematic. Seattle demonstrates excellent resuscitation rates without a dogmatic approach to compression-only resuscitation but instead an approach to well-coordinated, high performance CPR/resuscitation. They focus on compressions and AED use but not to the exclusion of ventilations when resources are available to do so.

Action: Motion made by Dr. McClaine for to “Develop a unified approach to cardiac resuscitation in the state following the cardiocerebral resuscitation model.” Motion seconded. All members in attendance voted to approve the motion. Dr. Cone voted by proxy to support the motion. No oppositions or abstentions. Motion passed.

Vote for Co-Chair

Floor opened for nominations for Co-chair of CEMSMAC.

Action: Dr. Kamin nominated Dr. Kyle McClaine to be considered for Chair of CEMSMAC. Motion seconded. All members in attendance voted in favor of the motion with no oppositions or abstentions. Motion passed.

No further nominations made. Nominations closed. Vote on Co-chair position to be held at December meeting.

Selective Spinal Immobilization

Education and training continues to work on the educational pack and trim it down. OEMS is still waiting on a summary of the literature supporting this initiative in order to draft a summary document for submission to the Commissioner.

Dr. Begg reports that Region 5 has now also approved a guideline allowing reduced backboard use.

Other Business

Dr. Kamin proposed rescheduling CEMSMAC to a recurring date earlier in the month, prior to the EM S Advisory Board meeting to streamline work process flow. Dr. Wolf relates the scheduling of the meeting was originally made to precede the ED Directors’ meeting but that now most ED Directors are not also the EMS medical director so this may no longer be a valid scheduling reason. It was noted that the EMS Coordinators’ meeting is also scheduled following CEMSMAC. There was discussion regarding how this would impact FOIA requirements, specifically regarding the notice for agendas. Posting of agendas is required a minimum of 24 hours in advance of meetings so this requirement should not impact any scheduling change. The Committee was asked to consider rescheduling the meeting date for further discussion at December’s meeting. Dr. Kamin will request the Advisory Board to place this on their agenda to consider moving the date of the EMS Advisory Board meeting to later in the month instead.

Meeting adjourned at 1050.