

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)
 Connecticut Hospital Association
 June 12, 2014

Minutes

Member Attendees: William Begg, M.D., David Cone, M.D., James Parker, M.D., Richard Kamin, M.D.,
 Kyle McClaine, M.D.

OEMS Staff: David Bailey, Raphael Barishansky

Guests: Nancy Brunet, Kevin Burns, Peter Canning, Ryan Carter, Raffaella Coler, Marielle Daniels, Robert Grant, Alan
 Henschke, Joe Larcheveque, Ian Medoro, Fred Potter, Paul Rabeuf, Brooks Walsh

Chaired By: Richard Kamin, Kyle McClaine

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:00 am	Reviewed the minutes of May 8, 2014.	
DPH Report	<p>The EMS Expo very successful</p> <p>Legislative initiatives:</p> <ul style="list-style-type: none"> ○ Stroke center task force being formed ○ -Bill to remove AEMT failed ○ -Career Fire chiefs met with OEMS. Concerns expressed regarding Rad-57 and rehab guidance. Services may 	

	<p>petition CEMSMAC through regional MAC for addition to scope of practice. Danbury offered a model for rehab standards/design. Dr. Kamin explained the medical rationale for both memos which the FD chiefs found helpful. Mr. Barishansky related that a major point of the memos is that services MUST be having ongoing dialogue and oversight by their sponsor hospital. Dr. McClaine shared that many FDs are asking for rehab guidance. Consensus that CEMSMAC will consider developing a statewide rehab guideline.</p> <ul style="list-style-type: none"> ○ -Naloxone Scope of practice memo is being developed. Specific regarding of how data may be collected from first responders is being developed. Goal is to have some transparency while not burdening first responders or hospitals. ○ -Reminder to go to the DPH OEMS website to research questions 	
<p>Mobile Integrated Healthcare Summit</p>	<p>Noted to be well attended with good information and discussions. Need to improve collaboration and consensus from various healthcare partners. Primary care and hospital administration</p>	

	<p>were poorly represented and increasing their engagement is an opportunity for improvement. Forward movement of this initiative in CT will be dependent on local interdisciplinary collaboration, support and advocacy.</p>	
<p>Selective Spinal Immobilization Update</p>	<p>Training Done. The proposal is on Commissioner's desk.</p>	<p>Dr. Kamin is addressing one concern the Commissioner raised regarding the definition of an "unreliable patient."</p>
<p>Summer Meetings</p>	<p>Plan will be to continue July and August meetings. Agenda content will determine need for meetings to occur.</p> <p>Statewide Guidelines committee will be meeting both months.</p>	
<p>Regional Medical Advisory Committees</p>	<ul style="list-style-type: none"> ○ Region I - still attempting to secure dates for meetings ○ Regional II - currently experiencing EMS Communication crisis. Two towns are pulling out of South-Central CMED. Towns are looking for Guidance from sponsor hospitals regarding medical oversight for 	

	<p>patients. No definitive idea how long channels will be available.</p> <p>Dr. Jay Walshon on leave; will not be returning as EMS Medical Director. Physician Group has been hired and will make determination of Medical Director role.</p> <ul style="list-style-type: none"> ○ Region III - did not meet; date conflict with MIH Summit <p>Summer meeting planned to continue based on agenda</p> <p>CCR Rollout planned for July 1st</p> <ul style="list-style-type: none"> ○ Region IV - will meet during summer Planning CCR Rollout for regional providers ○ Region V - quarterly meeting on June 5th <p>RAD 57 and Rehab discussion on local level</p> <p>BLS Protocol updates completed; CPAP will remain Sponsor Hospital specific guideline</p>	<p>Letter of appreciate for years of service to CEMSMAC will be sent</p>
<p>Other Business / Ongoing Initiatives</p>	<ul style="list-style-type: none"> ○ AEMT - CEMSMAC feels limited role for these providers but recognizes that individual agencies still utilizing these 	

	<p>providers</p> <p>Need to determine how best to go forward OEMS looking to CEMSMAC for Guidance How can we meet the National Scope of Practice as is required for other EMS Practice levels</p> <p>Training requirements will be significant - unlikely that most agencies can support training. Will have multi-agency impact for classroom, clinical, and field requirements. Individual hospitals can decide not to sponsor these agencies any longer Options are to require that all I-85 providers train up to AEMT National Standard or to have medical control / sponsor hospital entities phase out these providers over limited timeframe NAEMSO will be polled for national trends on AEMT roles</p> <ul style="list-style-type: none">○ Naloxone - moving forward○ BLS ECG Acquisition - CEMSAB asking for additional information. Questions regarding ED Director knowledge of this initiative○ CCR - implementation being phased in○ MOLST - approval for pilot program; design yet to be determined	<p>CEMSMAC will add this to agenda and continue discussion</p>
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Adjourned	Meeting adjourned at 12:00 pm. The next meeting July 10, 2014	Agenda to follow

**Respectfully submitted by,
David Bailey, OEMS
Nancy Brunet, ECHN**

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