

DRAFT
MINUTES

CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE

October 10, 2019

Location: CT Dept. of Veterans Affairs, 287 West Street, Rocky Hill CT, 06067

Member Attendees: Doug Latham (Region I), Jim Castellone (Region III - phone), Kyle McClaine (IV), Ron Gross (CT EMSAB Trauma Committee), Mark Cicero (EMS-C), Richard Kamin (OEMS)

Guests: Raffaella Coler (OEMS), Stacey Durante (OEMS), Charles Johndro, Blair Blamforth (phone), Jeffrey Way (phone), David Bailey, Joe Danao, Michael Zanker, Chris Colonair (phone), Joe Larcheveque, Mike Soltis, Marge Letitia (Phone), Aaron Katz, Sean Caffyn, David Kemp, Kevin Burns, Wes Young, John Quinlavin

Chaired by: Richard Kamin and Kyle McClaine

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:00 am	<ul style="list-style-type: none">• The minutes of the September 2019 CEMSMAC meeting were reviewed	<ul style="list-style-type: none">• Motion and second to approve with amendment below – unanimous approval “Presentation from Joel Demers regarding the Scope of practice changes –plan to take back to services /RMAC to review and discuss.”
DPH/OEMS Report	<ul style="list-style-type: none">• As distributed• Announcement: Dr Begg is moving to NY hospital as new VPMA	<ul style="list-style-type: none">• CEMSMAC to draft letter of thanks for his exemplary service, and recommend formal commissioner/State recognition of Dr Begg’s contributions
Regional MAC Reports	Region I: Dr Latham: SCT task force: meeting to work on standard SCT plan. Upcoming triage tag day - OCT 29. Hospital plans for tracking patients in discussion. Discussion on possibility of standardizing alerts for STEMI/Stroke/Sepsis/Trauma designation alerts.	<ul style="list-style-type: none">• Motion to consistently and formally include report from both the trauma and EMS for children representatives on a monthly basis

Region II: No report

Region III: Discussion about standardization of various alerts. Needle decompression protocol sent to statewide protocol Sub-Committee, Septic Shock protocol Looking to use ETCO2 to help prehospital predetermination. Draft simplified for pre-hospital protocol to identify Septic patients. Feedback at meeting: sepsis alert response at hospitals is highlyvariable. Discussed cost of ETCO2 disposables. Peter Canning update 4mg IN dosing vs 2mg – 50% reduction in vomiting and agitation. MCI debrief after Bradley accident: 1. Issues regarding communication and confirmation with hospitals and bed availability, (can we remove green counts altogether) 2. Lack of consistency with triage tag participation. 3. There should be a pre-discussed sharing of patients, multiple hospitals ready –some did not receive any.

Nasal trumpets – some have migrated and not identified.

Region IV: December next scheduled

Region V:

- V: (Blair) Dr Jacoby seeking a region 5 rep to replace Dr Begg.

Trauma: (Dr Gross) Ongoing research in the development of whole blood transfusion capability in the prehospital arena like MN and TX. TECC protocols with whole blood and 1:1:1 protocols.

	EMS-C: (Dr Cicero) Free EMS conference in March being developed. Ongoing study of pediatric champion systems vs non for outcomes	
Connecticut Unified EMS Protocols	<ul style="list-style-type: none"> Discussed prehospital ancef for trauma/open fractures 	<ul style="list-style-type: none"> Awaiting vetting with CT Trauma committee via Dr Gross
Scope of Practice (Group)	<ul style="list-style-type: none"> Joel Demers presented scope of practice discussion last month. Identified delta between CT and most recently revised national scope of practice. Do we want to revise our CT scope of practice? Proposal from Chris Colonair: given move to national registry, CT should consider adaptation of national scope of practice verbatim. John Quinlavin: discussed concern/balance of diluting paramedic skills and adding a la carte interventions to BLS. Colonair: role of paramedic assessment and BLS delegation of treatment plan. 	<ul style="list-style-type: none"> Members and attendees once again requested to engage regions and bring back points for discussion
EMS Hand-Off Process	<ul style="list-style-type: none"> Sent to EMSAB, CHA engaged, ED Med Dir discussed in September. Comments: MIST cannot replace formal PCR But instead will provide temporizing ability to improve affected patient Hand-off 	<ul style="list-style-type: none"> Will bring back any remaining thoughts from the EMS advisory board for hopefully final discussion in November
• Emergency Medical Dispatch Position Statement	<ul style="list-style-type: none"> Sent to EMSAB 	<ul style="list-style-type: none"> Looking for final amendments and changes to the position statement in Nov
Specialty Care Transport	<ul style="list-style-type: none"> Ongoing discussion re what is the future of SCT in CT? Bailey: what depth and breadth of understanding of vent, med, sedation, etc and ability to maintain an educational plan. Kamin: need clear understanding of need, utility, use - 	<ul style="list-style-type: none"> Region 1 SCT process in development and maybe applicable statewide Region 3 process Out of ASM to prompt upcoming presentation at CEMSMAC

	data. Quinlavin: This group has the ability to encompass a SCT program, Value in placing in the protocols. Colonair: If services can't recoup costs or bill, will they buy in?	
Buprenorphine and Suboxone via EMS	<ul style="list-style-type: none"> No new discussion 	<ul style="list-style-type: none"> Will look at having Dr. Kate Hawk (Yale SME) come to future meetings to help frame/discuss
Adjourned	Next meeting: October 10, 2019. CT Dept. of Veterans Affairs, 287 West Street, Rocky Hill CT, 06067	

Respectfully submitted: Richard Kamin, MD and Kyle McClaine, MD

Upcoming Meeting Dates: All at the CT Dept. of Veterans Affairs

- 11/14/19
- 12/12/19
- 1/9/20
- 2/13/20
- 3/12/20
- 4/9/20
- 5/14/20