



# PRC Meeting

Wednesday November 9, 2016  
 9:30 AM to 12:00 PM  
 MIEMSS Room 212  
 653 West Pratt Street  
 Baltimore, Maryland 21201

**\*\*\*The Protocol Review Committee does not anticipate a need for a closed session during this meeting\*\*\***

<b>Meeting called by:</b>	Dr. Richard Alcorta
<b>Type of meeting:</b>	Protocol Review Committee

<b>PRC Agenda Items</b>		
<b>Call to order</b>		Dr. Alcorta
<b>Approval of minutes</b>		
<b>Reports of SI Groups</b>		
<b>Old Business</b>	Alternative Destination Pilot MICH (SEMSAC version)	Dr. Stone Dr. Alcorta
<b>New Business</b>		
<b>Announcements/ Discussion</b>	Freestanding Medical Facility Stroke patient	Dr. Chizmar
<b>Adjournment</b>		Dr. Alcorta




## Protocol Review Committee Meeting Minutes

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Approved

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**Physically Attended:** Gary Rains, Dr. Tim Chizmar, Dr. Richard Alcorta, Michael Reynolds

**Remotely Attended:** Mary Alice VanHoy, Dr. Kevin Gerold, Kathleen Grote, Scott Wheatley, Chuck Boone, Dr. Wade Gaasch. Tina Fitzgerald, Dr. Thomas Chiccone, Dr. Mike Somers, Dr. Jeffrey Fillmore

**Guests:** Timothy Burns MCFRS, Alan Butsch MCFRS, Anna Aycok MIEMSS, Jim Radcliffe MFRI, Lisa Myers MIEMSS, Dina Clapp STC, Dr. Michael Millin BWI

**Excused:**

**Alternates:**

**Absent:** Shirley Devaris, Dr. Jennifer Anders, Barry Reid, Marianne Warehime, Joan Williams, Mark Buchholtz, Melissa Meyers, Dr. Kevin Pearl, Dr. William May

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**Meeting called to order at 10:04 by Dr. Alcorta.**

**Announcements:** Michael Reynolds announced a time change for the January meeting from 9:30 Am to 1:00 Pm.

**Old Business:**

**Alternative Destination Pilot:** Dr. Alcorta presented background. This is a revisit to a protocol presented earlier in 2016. Significant revisions have been made since. This would be a two phase pilot.

The initial proposal was 30 days for evaluation; this proposal is 60 days per phase currently.

Multiple safety factors are built into the protocol; Alpha category patients only, an EMT with additional training(this would be the standard during the pilot but may be changed going forward) would evaluate at the scene, consult would be made by the clinical decision unit and if the patient is upgraded Montgomery County Fire Rescue would transport to the Emergency Department. Meetings would be held every two weeks to evaluate metrics between MIEMSS and MCFRS.

Informed consent would allow Kaiser patients know that they would be transported to that facility and allow them to refuse participation in the pilot and go to the Emergency Department.

Motion made by Dr. Chiccone to accept with a second by Dr. Fillmore. The motion passed unanimously.

**MICH SEMSAC version:** Dr. Alcorta presented background and results of the jurisdictional survey.



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Dr. Alcorta would like the members to review the study in detail and will address again in January.

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### **New Business:**

Freestanding Medical Facility Stroke Patient: Dr. Alcorta provided background. Discussed 2017 changes to the FMF and how it relates to this submission. Passage of this protocol would establish a new designation for a FMF, acute stroke ready hospital. UMMS is making this request. This parallels historical practice, designation of facility before the regulations are established.

Dr. Chizmar presented further background. A few facilities across the state are considering opening FMF and want to provide quality service for patients. A “Drip and Ship” method of care would be established. FMF is not an urgent care. A CT scanner and an Attending Physician would still be onsite for to begin patient care, the facility would just not be able to admit patients. An observation capability is possible. Dr. Chizmar proposes that Acute Stroke Ready FMF would have to be a base station.

See attached PowerPoint for further information.

Dr. Stone discussed issues of this protocol submission having a different effect on urban/suburban departments and the issue of transfers for “drip and ship.” Dr. Stone suggests that this be more specific to allow jurisdictions adapt as needed. Dr. Chizmar responded and agreed.

Dr. Millin discussed concerns about local departments being burdened by the Interfacility transports. This type of patient would be an SCT transport at a minimum. Dr. Millin would like to see specific language in the protocol requiring a specific process for the transport process.

Dr. Alcorta clarified that Dr. Millin’s concern would be more of a Regulatory issue than a protocol issue.

Dr. Levy offered his support for the project.

Mary Alice Vanhoy stated she believes it’s not as much an issue of how the patient gets to the FMF versus where we transport the patient once they are treated.

Anna Aycock discussed that from the past calendar years. 55 minutes is the mean door to TPa time. The brain attack coalition is going to meet and discuss the Joint Commission regulations to discuss Stroke Ready FMF.

Alan Butsch discussed a concern of current PSC wanting to downgrade to an acute stroke ready. Dr. Chizmar stated it’s not his intent to propose such a regulation.

Dr. Alcorta presented the current PSC and CSC facility map for the State.

Dr. Millin cited an article he authored in 2007 for NAEMSP citing comprehensive stroke care is not TPa. It’s the nursing care, swallow study, diabetic care etc.



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Dr. Alcorta brought discussion to a close. Dr. Alcorta and Dr. Chizmar will bring back document to reflect preference of the Stroke protocol destinations and the FMF ASR time criteria of 15 minutes as the threshold for PSC or CSC and clarification on SCT post TPa transport protocol.

Dr. Chizmar motioned to table for January after revisions. Motion passed unanimously.

**Adjourned at 12:04 PM**