



PRC Meeting

Wednesday September 12, 2018
 9:00 AM to 1:00 PM
 MIEMSS Room 212
 653 West Pratt Street
 Baltimore, Maryland 21201

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

Meeting called by:	Dr. Richard Alcorta
Type of meeting:	Protocol Review Committee

PRC Agenda Items		
Call to order		Dr. Alcorta/Dr. Chizmar
Announcement	Assistant State EMS Medical Director and future PRC Chairman	Dr. Alcorta
Reports of SI Groups		
	MOLST (Orders) BiPAP Sepsis	Dr. Alcorta Michael Reynolds Dr. Alcorta
	Stroke: Extended Intervention Tissue Donation Adult Tachycardia Baltimore City Minor Care Pilot Medical Consultation Requirement	Dr. Alcorta Dr. Alcorta Dr. Stone/Tim Burns Chief Fletcher, BCFD Michael Reynolds
Adjournment		Dr. Alcorta/Dr. Chizmar



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DRAFT

Approved March 2019.

Physically Attended: Mary Beachley, Kathleen Grote, Dr. Jennifer Anders, Chuck Boone, Melissa Meyers, Gary Rains, Dr. Thomas Chiccone, Dr. Roger Stone, Dr. Janelle Martin, Dr. Jeffrey Fillmore, Dr. Richard Alcorta, Dr. Timothy Chizmar, Michael Reynolds

Remotely Attended: Dr. Steven White, Christopher Biggs, Marianne Warehime, Jack Hulet, Mark Buchholtz

Guests: Nicole Deutsch, Anna Aycock, Alan Butsch, Pat Carmody, Jon Wendell, Terrell Buckson, Rick Leonard, Michael Millin, Rachel Itzoe, Cundy Wright Johnson, Keven Seaman, Mark Fletcher, Colleen Landi, James Matz, Nicole Baehr, Kelly King, John Barto, Tim Burns, Douglass Floccare

Excused: Mary Alice VanHoy, Scott Wheatley, Dr. Kevin Pearl

Alternates: None

Absent:

Meeting called to order at 9:11 by Dr. Alcorta.

Announcement: Dr. Alcorta introduced Dr. Timothy Chizmar as the Assistant State EMS Medical Director and soon to be State EMS Medical Director starting November 1, 2019 and his Chairmanship of the PRC.

The agenda has been revised to improve workflow for the meeting today.

MOLST Orders: Dr. Chizmar discussed background and the change in the law recognizing physician assistant ability to issue oral, in person, DNR orders.

Motion to accept as written by Dr. Stone seconded as Jack Hulet.

Motion passed unanimously.



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BiPAP: Michael Reynolds provided background. The changes to the protocol allow for a broader interpretation of when the protocol may be implemented. Currently the language only allows for interfacility transports which would exclude transports from the hospital to home.

Motion to accept by Gary Rains.

Motion passed unanimously.

Sepsis Indications: Dr. Chizmar presented background as this modification was originated from a request by a hospital to expand the indications for the field provider to suspect they are treating a septic patient.

Dr. Alcorta added that there would be an addition to the protocol to require documentation of when the IV fluids were started by the provider.

Motion to accept as amended by Chris Biggs. Seconded by Gary Rains.

Motion passed as amended unanimously.

Stroke Extended Intervention Window: Anna Aycock presented background. Current evidence shows the stroke treatment window can be extended to 24 hours for acute treatment.

Changes were proposed to be made to the presentation presentation and added an evaluation for a posterior stroke patients (BE-Fast exam) to the protocol.

Discussion held regarding the BE-FAST exam.

Stroke algorithm discussed and amended.

The requirement of stating the patient's last known well time in the stroke alert consult was added to the protocol for consideration.

Motion to accept as amended by Kathleen Grote. Motion passed unanimously

Baltimore City Minor Definitive Care Now Pilot: Chief Mark Fletcher from the Baltimore City Fire Department and Dr. Alcorta presented background about the pilot protocol proposal with the University of Maryland Medical Center and the on scene delivery of definitive care for Alpha level dispatched calls in a select catchment area.

Patients found to be eligible for this pilot would have the option of traditional 911 treatments and transport but may be eligible for enrollment into the pilot program for treatment on the scene.



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Dr. Alcorta discussed the idea of an advanced level provider being able to function in this setting which has been reviewed and approved by the MIEMSS Assistant Attorney General.

Dr. Stone voiced support of the program.

Kathleen Grote held discussion about the potential liability for the BCFD Paramedic that remains on scene with the Advanced License Provider.

Motion to accept as written by Dr. Stone and a second By Dr. Stone

Motion to accept passed unanimously.

Tissue Donation: Dr. Chizmar presented background. This proposal came at the request of the Living Legacy organization. The addition to the protocol of the contact information for the approved tissue donation organizations would not be a mandatory action item for providers during their care.

Motion to accept made by Dr. Fillmore second by Dr. Martin.

Motion to accept passed unanimously.

Adult tachycardia: Dr. Chizmar presented background on the revisions to the algorithm.

A proposal to amend to move torsades to the middle of the algorithm.

WPW and LGL footnote to include ablation history

Diltiazem pharmacology page would be amended to reflect a systolic blood pressure of 100 instead of the current 90 and removal of the medical consultation requirement.

A Motion to accept the tachycardia algorithm and diltiazem pharmacology page as amended. The motion passed unanimously.

Medical Consultation Requirement: Michael Reynolds presented background. The modification to the medical consultation requirements would clarify when a provider would need to speak to a physician online versus making notification to the receiving facility.

A motion to accept as written by Kathleen Grote. Motion passed as amended.



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PEMAC Patient Restraint: Dr. Anders presented background. This protocol modification would clarify for the provider to assure all patients in the patient compartment of an ambulance are properly restrained.

A motion to accept by Gary Rains. The motion passed unanimously.

Adjourned at 12:37 PM