PRC Meeting

Wednesday, January 11, 2023
9:30 AM to 12:00 PM
****The Committee does not anticipate a need for a closed session during this meeting****
****VIRTUAL / IN-PERSON HYBRID****

Meeting called by:	Dr. Timothy Chizmar
Type of meeting:	Protocol Review Committee

PRC Agenda Items

Call to order		Dr. Chizmar
Approval of minutes	November 2022 minutes	
Announcements		
Old Business		
New Business	Medications for Opioid Use Disorder by EMS and Linkage to Treatment– Buprenorphine for MIH Clarification of Heart Rate Guidelines for Treating Atrial Fibrillation	Dr. Chizmar Dr. Chizmar
Journal Club		
Discussion(s)	Refractory VF/VT BLS Supraglottic Airways ACE-CPR (Heads Up CPR)	Dr. Chizmar Dr. Chizmar Dr. Chizmar
Adjournment		Dr. Chizmar
Next Meeting	March 8, 2023 9:30am-12:00pm	

Protocol Review Committee Meeting Minutes

January 11, 2023

Attendance:

Committee Members in Attendance (In-person/Virtual): Mary Alice Vanhoy, Mary Beachley, Kathleen Grote, Dr. Jennifer Anders, Christian Griffin, Tyler Stroh, Dr. Steven White, David Chisholm, Marianne Warehime, Rachel Itzoe, Mark Buchholtz, Gary Rains, James Gannon, Dr. Kevin Pearl, Dr. Thomas Chiccone, Dr. Roger Stone, Dr. Matthew Levy, Dr. Janelle Martin, Dr. Jeffrey Fillmore, Dr. Jennifer Guyther, Dr. Timothy Chizmar (Chair), Meg Stein (Protocol Administrator)

Guests: Chris Shannon, Matthew Burgan, Scott Legore, Dr. Jonathan Wendell, Dr. Asa Margolis, Terrell Buckson, Dr. Kashyap Kaul, Dr. Eric Garfinkel, Daniel Goltz, Jeanie Hannas, Cyndy Wright-Johnson, Mitchell Lewis, Jr., Ben Kaufman, Pete Fiackos, Michael Cole
Excused:

Alternates: Tim Burns

Absent: Melissa Fox, Dr. Kevin Pearl

Meeting called to order at 9:35 a.m. by Dr. Chizmar.

Minutes: A motion was made by Christian Griffin and seconded by David Chisholm to approve the November 2022 minutes as written. The motion passed with no objections or abstentions.

Announcements:

Old Business:

New Business:

Medications for Opioid Use Disorder by EMS and Linkage to Treatment (MODEL-T) – Presented by Matthew Burgan and Dr. Fillmore: Paramedic Burgan presented the proposed Optional Supplemental Protocol that would allow for the administration of buprenorphine for treatment of Opioid Use Disorder. The proposed protocol would be an OSP within the Mobile Integrated Health OSP and would allow ALS clinicians in participating MIH programs to administer buprenorphine as a tool to reduce repeat opioid overdoses and recidivism by providing a bridge from emergency resuscitation to longitudinal care. Administration of buprenorphine would be used in conjunction with referral of patients to substance use treatment and recovery programs. The prevalence of Opioid Use Disorder and the strain that repeated overdoses place on EMS were discussed. The uses and benefits of buprenorphine as a recovery-oriented tool were presented. The indications, precautions, contraindications, procedures for administrations, and means of documentation are detailed in the proposal and were presented and discussed. Key to the proposal are the ability of the patient to consent to treatment and the ability of the MIH program to schedule next day follow up appointments.

Dr. Chizmar reiterated that this would be an OSP within the Mobile Integrated Health OSP. He then opened the floor for discussion.

After initial questions regarding the expected numbers of patients and the reduced likelihood of repeat calls on the same day due to the long-acting effect of buprenorphine, discussion centered on the availability of referral resources for follow up treatment. It is expected that individual jurisdictions will have differing abilities to provide 24 hour MIH coverage, especially initially. Care partners for referral services

will also vary among jurisdictions and having agreements in place prior to implementation will be a key component in assuring that these resources will be available whenever needed. Dr. Kaul suggested that referrals to the ER for bridge prescriptions in cases where a next day follow up was unavailable might be a possibility. Potential problems with obtaining a prescription through an ER as well as ongoing ER overcrowding were discussed.

The other major concern expressed was the ability of patients to give consent and need to clarify the reasoning for consent in this situation. The intent of consent in this context is to engage the patient in long-term treatment rather than providing medical consent for treatment.

Adapting the program for smaller MIH programs and EMEDS documentation were also discussed.

Dr. Chizmar acknowledged that numerous implementation questions need to be addressed prior to implementation but, for now, the need is for approval to continue with planning.

Dr. Levy made a motion, seconded by Marianne Warehime, to move forward with the proposal for the 2023 Protocols with the understanding of the need for continued discussion regarding implementation. The motion passed with no objections or abstentions.

Clarification of Heart Rate Guidelines for Treating Atrial Fibrillation – Presented by Dr. Chizmar: Dr. Chizmar raised ongoing concerns with the need for clarification in the guidelines for the use of diltiazem in treating atrial fibrillation. He pointed out the wide variation in heart rates for which it is being administered and proposed that a minimum heart rate needs to be specified in the protocols.

Dr. Levy referenced previous discussions and suggested a minimum heart rate of 130 bpm for diltiazem administration. In the ensuing discussion, 150 bpm was also proposed as the minimum to be consistent with the existing adult tachycardia algorithms. The general concern was with the need to avoid taking away patients' ability to compensate for non-cardiac underlying causes of mild tachycardia.

After further discussion, it was agreed to set the minimum heart rate at 130 bpm (based on common clinical practice), and also add a statement at the top the algorithms for both regular and irregular tachycardia that for hemodynamically stable patients to find and treat underlying non-cardiac causes if present.

Dr. Chizmar suggested a PDF mock-up be sent out for review. This suggestion passed without objection.

Discussions:

Refractory VF/VT – Presented by Chief Tim Burns: Chief Burns discussed issues with clinicians misinterpreting the Ventricular Fibrillation/Pulseless Ventricular Tachycardia algorithm. He pointed out that the algorithm only specifically says to defibrillate four times `but this is not intended to be a limit on the number of shocks delivered. He suggested a statement be added to the algorithm to clarify this. He also suggested adding boxes to the algorithm to "Consider vector change defibrillation if locally authorized" and "Consider Magnesium Sulfate for persistent and/or recurrent v-fib".

After discussion it was agreed to add a statement at the bottom of the algorithm to "Repeat CPR and defibrillation as long as the patient's rhythm is shockable upon assessment". Consideration of magnesium sulfate is already a footnote to the algorithm and it was agreed to move it up to a box.

Numerous questions were raised about specific guidelines for vector change defibrillation including whether or not new pads would be needed, how many shocks to administer before changing vectors, and which pad positions to use.

While the modification in the boxes of the algorithm to clarify the continuation of shocks as needed and bringing consideration of magnesium sulfate from a footnote into the main algorithm were deemed "clean up" and will be brought forward to the EMS Board, vector change defibrillation needs to be put into a Procedure for proposal at a later date.

BLS Supraglottic Airways – Discussion was deferred until the March PRC Meeting due to time constraints.

ACE-CPR (Heads Up CPR) - Dr. Levy: Dr. Levy continued the discussion of head and thorax elevation during CPR that was begun in the November 2022 PRC Meeting. In the previous study, a bundle of care was considered and it was unclear which change or changes produced the improved outcomes from cardiac arrest. Dr. Levy would like to do a statewide EMS system study to investigate the possible benefits of head and thorax elevation and impedance threshold devices during CPR. He pointed out that such a study would require bringing impedance threshold devices back into the Protocols. Dr. Chizmar asked that anyone interested in collaborating on this research project should contact either him or Dr. Levy.

Good of the Order:

Dr. Stone suggested Dr. Cheskes, who authored the recent paper on refractory VF be invited to the Medical Director's Symposium.

Dr. Chizmar asked for suggestions of local presenters for the Medical Director's Symposium (Wed, April 12th).

Adjournment: A motion was made by Tyler Stroh and seconded by David Chisholm to adjourn. The motion passed without objections or abstentions and the meeting was adjourned at 11:57 a.m.