



PRC Meeting

Wednesday January 4, 2017
 1:00 PM to 4:00 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
PEMAC Vison 2017		Cyndy Wright
Reports of SI Groups		
Old Business	Freestand Facility Stroke Patient	Dr. Chizmar
New Business	Stroke (Research) Fentanyl (IO route) 12 Lead EMT (Participation Edit) Pelvic Binder (Classification)	Dr. Urrutia Dr. Alcorta Michael Reynolds Michael Reynolds
Announcements/ Discussion	High Performance CPR	Dr. Seaman
Adjournment		Dr. Alcorta



Protocol Review Committee Meeting Minutes

January 4, 2017

Approved May 10, 2017

Physically Attended: Gary Rains, Dr. Tim Chizmar, Dr. Jeffrey Fillmore, Dr. Kevin Pearl, Dr. Richard Alcorta, Michael Reynolds

Remotely Attended: Kathleen Grote, Scott Wheatley, Chuck Boone, Dr. Wade Gaasch, Barry Reid, Tina Fitzgerald, Marianne Warehime, Melissa Meyers, Dr. Thomas Chiccone, Dr. Mike Somers, Dr. William May

Guests: Dr. Michael Millin, Dr. Jon Wendell, Pat Carmody AAFD, Cynthia Wright Johnson, Dr. Douglass Floccare, Dr. Matthew Levy, Jill Dannenfelser, Jason Cantera, Dr. Kevin Seaman

Excused: Dr. Jennifer Anders

Alternates:

Absent: Mary Alice VanHoy, Dr. Kevin Gerold, Mary Beachley, Joan Williams, Mark Buchholtz,

Meeting called to order at 1:07 P.M. By Dr. Alcorta.

Minutes

Old Business:

Freestanding Facility Stroke: Dr. Chizmar Presented Background.

This Pilot Program is specific to Harford and Cecil Counties.

The freestanding facility would provide the same services and practice as Harford Memorial Hospital today.

Dr. Alcorta changed the title of the protocol to reflect the single facility it is intended for. If this protocol is changed, the Regulations for Acute Stroke Ready would still have to be developed approved and implemented, and if they are not this protocol would not go into effect.

Dr. Alcorta discussed the levels of commercial service provided at the Advanced Life Support and Specialty Care Transport level.

Dr. Millin asked if specific direction for an SCT capable transfer be placed in the protocol. Dr. Alcorta says that is a different component than this protocol but is still worthy of further discussion.

Time for transported changed to 15 minutes, approved by vote of the members.

Dr. Chizmar changed his proposal to include the requirement for the ASR FEMF to be a Base Station.



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A Motion to accept the protocol as amended by Kevin Pearl, seconded by Dr. Somers passed unanimously.

This protocol will go in the protocol book but will not go into effect until the facility is built.

New Business:

PEMAC Vision 2017: Cyndy Wright Presented background.

In 2017 PEMAC will be working on

1. Cuffed vs uncuffed ET Tubes. Possible proposal about moving to cuffed tubes but will still needs discussion with Jurisdictional Affairs.
2. PEMAC to move towards Fentanyl as the primary pain control medication. The idea has been shared with regional programs. Some EMSOPS have concerns for crew over switching to Fentanyl. PEMAC wants to explore whether there is a true risk to the crews. Discussion held.
3. Ventilator protocol review. Most protocol excludes pediatrics. This topic will be reviewed.
4. Pediatric Termination of Resuscitation, full protocol, is still being developed.
5. High Performance CPR to include Pediatrics.

Stroke Research: Dr. Urrutia Presented Background. Baltimore City Acute Stroke: EMS Routing Pilot Study.

The improvement in endovascular techniques for identified large vessel stroke and the national forum formulated an EMS routing document. This is a national issue, not just a Maryland issue. Seattle also is running a similar pilot program.

Endovascular Studies have been published in 2013 and 2014. The American Heart Association updated in 2015, endovascular therapy for patients with a six hour last seen well time and evidence for a large vessel occlusion.

The results of the 5 trials were presented demonstrating positive outcomes.

History of MIEMSS Stroke Quality Improvement Committee actions reviewed.

LAMS was chosen to use for the EMS field providers in Maryland due to its ease of use, high sensitivity and 85% overall accuracy.

The proposal would evaluate the feasibility, safety and outcomes of the change in Baltimore City EMS routing for LAMS 4 or greater stroke patients to a 24/7 endovascular capable comprehensive stroke center.

The pilot would be for 6 months to gather data and review.

Dr. Millin discussed the possibility of capturing under triage, possible increased EMS unit out of service time etc. Dr. Urrutia stated the Stroke QIC could capture the data.



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The Title was changed to reflect Baltimore City Fire Department from “Baltimore City.”

Dr. Floccare asked if all the endovascular capable comprehensive Stroke Centers will provide data. Dr. Urrutia, “yes.” (Hopkins, UMMS, and Bayview)

Motion to accept as amended protocol by Dr. Fillmore and seconded by Gary Rains Passed Unanimously

Fentanyl (IO Route): Dr. Alcorta presented background.

During the 2017 Maryland Medical Protocol review it was found that this route of administration is not included in the document. IO is a medically acceptable route of administration.

A motion to accept as amended by Dr. Pearl and seconded Dr. Fillmore Passed Unanimously.

12 Lead EMT (Participation Edit): Dr. Alcorta presented background. Confusion amongst providers and this change would allow for clarity.

A motion to accept by Gary Rains, and seconded by Kevin Pearl. Passed Unanimously

Pelvic Binder (new classification as Optional): Dr. Alcorta presented background. This protocol proposal is an effort to reduce reporting requirements.

A motion to approve Kevin Pearl, and seconded Dr. Fillmore. Passed unanimously

PEMAC voiced a concern about wanting to know pediatric use. Dr. Alcorta stated it could be a Quality Improvement project.

Discussion:

High Performance CPR:

Dr. Kevin Seamen presented background to proposed changes to the High Performance CPR Protocol.

2015 American Heart Association recommendations for CPR were reviewed.

Dr. Seaman reviewed the revisions and proposed protocol changes. There will be no vote held today.

Airway Subcommittee:

Dr. Floccare discussed current progress of the Airway Management group evaluating different style of LMA devices.

Discussions have been held to evaluate the training requirements (BLS tool Kit, ALS Tool Kit and Difficult Airway Tool Kit) to make this a statewide protocol.

Dr. Floccare hopes to present initial findings at the March Protocol Review Committee meeting.