

## MDPB Minutes May 16, 2001

Members present:, J. Burton, D. Ettinger, S. Diaz, K. Kendall, B. Callamore, E. Smith, D. Stuchiner

MEMS Staff: J. Bradshaw

Regional Coordinators: J. LeBrun, Bill Zito, Rick Petrie, B. Dunwoody

Guests: T. Judge, P. Marcolini, D. Palladino, A. Azarra, D. Lambert

Item	Discussion	Action	Follow-up
Previous minutes: 04/18/01	none	Adopted	None.
<p><b><u>Old Business</u></b></p> <p><b>1. Medical Protocol Reviews</b></p> <p>-Pediatric intubation statement.</p> <p>- Helmet removal protocol.</p> <p>-LOM LZ safety</p> <p>-Cspine protocol</p>	<p>-Ettinger and Burton are working on this language. Will be presented in June.</p> <p>-Petrie and Diaz presented chart/diagram. Extensive discussion, particularly as to the wording of the protocol:when to remove the helmet and factors to consider. Athletic trainers should be involved in review during comment period.</p> <p>-LOM will develop this for an intended 2 pages max. Discussed with Judge, Marcolini.</p> <p>- Discussion included proposal by Burton. The flow diagram proposed was preferred over checklist concept. Burton will call Goth with the amended protocol. Few changes were made to proposal, these will be incorporated.</p>	<p>-None</p> <p>- Motion by Diaz to accept protocol, second by Stuchiner. 7 in favor, none opposed.</p> <p>- None</p> <p>- - Motion by Kendall to accept with changes as proposed in protocol, second by Stuchiner. 7 in favor, none opposed</p>	<p><b>-Item for June agenda.</b></p> <p><b>- Item for June agenda.</b></p> <p><b>- Burton will discuss with Goth and amend protocol as approved.</b></p>

<p>-Transfer Definitions description</p>	<p>Reviewed revisions of definitions for transfers: routine BLS non-emergency, routine ALS non-emergency, Paramedic Interfacility Transport Program, and Specialty Care transport..</p>	<p>Definitions accepted as written.</p>	<p>None.</p>
<p>-Mentally Ill patient Statement.</p>	<p>Group reviewed general language proposed to cover mentally ill transfers. Point of discussion focussed on EMTALA as it applies to institutions refusing to accept a patient after the EMS vehicle is en route – requirement for patient to return to original sending institution. Group felt AG opinion would be important to clarify.</p>	<p>AG will review, Jay will present to AG.</p>	<p><b>Item for June agenda.</b></p>
<p>-Psychiatric Patient Protocol</p>	<p>Group discussed need or interest in developing protocol specific to psychiatric patients – this idea will be developed. Group expressed interest.</p>	<p>Continue to study question and develop.</p>	<p>Followup at a later date in later session.</p>
<p><b>3. Legislative update</b></p>	<p>Jay reviewed legislative agenda and progress.</p>	<p>None</p>	<p>None</p>
<p><b>4. Interfacility Transfer</b></p>	<p>Initial discussion reviewed packet of proposed medications to be added to interfacility transfer list. Group discussed regional issues and QI issues for the proposals.</p> <p>Magnesium sulfate infusion has been retracted from the proposal.</p> <p>After some discussion and clarification the</p>	<p>1. Motion to approve entire proposal, in preference to “a la carte” voting for each medication/protocol: Diaz, no second: not entertained.</p> <p>Smith voting in absence via signed notation in support of each individual drug.</p>	<p>Interfacility drugs will be included in new book.</p> <p>Interfacility drugs will be passed to education committee for their action and review.</p>

	<p>group unanimously endorsed the concept that the interfacility protocols and the included medications would be subject to regional preferences, at the discretion of the regional medical director and the regional director/office.</p> <p>This does not represent a “step back” or away from state protocols. Instead, this concept appreciates the differences between regions as they relate to resources, training, need, etc....and that these issues are most closely monitored by the regional office and medical director. However, the concept of “regional levity” would preserve the importance of a single approved protocol/process in the use of the drug, when deemed appropriate for any region.</p> <p>Discussion then resumed with initial proposal to approve all drugs in the proposal, in preference to an “a la carte” treatment/vote of each drug. This failing, an individual vote was undertaken with opportunity for discussion at each proposal. The proposal was reviewed in addition to letters of support and letters voicing concerns.</p>	<ol style="list-style-type: none"> <li>2. Motion to discuss each drug with separate vote: Stuchiner, Kendall: 6 in favor, none against.</li> <li>3. Motion to approve Cardizem for inclusion in interfacility transfer protocols: Diaz, Kendall: 7 in favor, none against.</li> <li>4. Motion to approve Haloperidol for inclusion in interfacility transfer protocols: Diaz, Stuchiner: 7 in favor, none against.</li> <li>5. Motion to approve Midazolam for inclusion in interfacility transfer protocols: Stuchiner, Diaz: 7 in favor, none against.</li> <li>6. Motion to approve Procainamide for inclusion in interfacility transfer protocols: Diaz, Stuchiner: 7 in favor, none against.</li> <li>7. Motion to approve TPN for inclusion in interfacility transfer protocols: Diaz, Stuchiner: 7 in favor, none against.</li> <li>8. Motion to approve Insulin for inclusion in interfacility transfer protocols: Kendall, Stuchiner: 7 in favor, none against.</li> </ol>	
<p><b><u>Other Business</u></b> 1.Decert/recert/cert</p>	<p>No changes to date. Laura Yustak Smith is continuing to develop issues with the regions for presentation at later date.</p>	<p>None.</p>	
<p>Next meeting 6/20/2001 (0930 - 1230)</p>			