

Oklahoma State Department of Health
Oklahoma Emergency Response Systems Development Advisory Council
Medical Direction Subcommittee
August 19, 2009

MINUTES

Members Present:

Dr. Tim Cathey, Dr. John Sacra, Dr. A.G. Wallace and Dr. Michael Ogle.

Staff Present:

Sharon DellaVecchio and Shawn Rogers

Dr. Tim Cathey called the meeting to order at 2:13 pm.

Dr. Sacra made a motion to approve the May 20, 2009 meeting minutes with no changes. Dr. Ogle seconded the motion. Motion carried.

Discussion and approval of Specialty Care license application:

Eaglemed – OKC (Ground) – Dr. Cathey stated that there are actual two applications out there going thru the system. Eaglemed is the one that is ready to go to this committee for approval. We are essentially talking about an air service who is talking about transport from the point where they land into the hospital. Shawn stated they want to run a separate ground unit. This committee has already approved their air specialty care protocols, so we have already determined that the things they are doing are appropriate for their level of staffing, training and QI that they have on board. Their request is to simply extend that to their ground operation. They want to run a ground unit up at Baptist. Sharon stated that she was told it was for the purpose of being able to transport a patient from the helipad to the ER. Dr. Ogle asked if they were going to stay on campus the entire time or would they be able to go between their own facilities. Shawn stated that any license approved license like this would be able to go anywhere in the state.

Shawn stated that he met with the air providers at medic update and their question was what the enforcement policy on coordination of services. One of the things that Shawn told them in that meeting is that air medical resources especially in the rural parts of the state are most the time the only ALS resource available and they are entirely weather depend. It would be very helpful if they would operate ground units as well so their ALS resource would be available even if the aircraft could fly or not. Shawn stated he doesn't know if they had this in mind when they submitted this application or not.

Shawn stated that we did address the issue of a ground unit at Baptist, because they have determined that the street there that separates the helipad from Baptist is not

city property but Baptist campus property. There is no need for them to have a separate license to make transports from the helipad to the hospital.

Dr. Cathey stated that it was his understanding that they would be working under the same protocols essentially as the air service they are just expanding it to the ground.

Dr. Sacra stated that he didn't understand why they want this license. Shawn stated they started the process when they believed they had to have a specialty care license to do the helipad transports. Dr. Sacra stated that you need to make sure this doesn't violate the sole provider arrangement with EMSA and Oklahoma City. Sharon stated that Nathan Dilley did have a sat down meeting with several EMSA representatives and I spoke with them and they approved the issuance of a specialty care license to EagleMed.

Dr. Wallace made a motion to approve the specialty care license for EagleMed. Dr. Ogle seconded the motion. Motion carried.

Discussion on Induced Hypothermia:

The reason Dr. Cathey included this on the agenda, after the excellent presentations today and with the things that EMSA is setting in motion. How does this effective the rest of the state and how could you implement this? One of the issues that Dr. Cathey sees is that it is a team approach; EMS cannot do it on their own. EMS has to have a hospital to hand off to and the hospitals have to have a critical care team cardiology that they hand off to, so how does that apply to what we do? We as the medical direction, how can we push that forward? Is this something that we should push statewide?

Dr. Ogle stated that in his situation he has a two hospital town and they will be initiating this soon and one hospital is onboard with it and the other one is not. We have to make that decision on whether we will allow that patient to go to the one that will not. Dr. Sacra stated that with the EMSA protocols they advised all the hospitals in both regulatory service areas that effective January 5, 2010 if they don't have an induced hypothermia protocol and team in place then we will not bring them a patient that had a returned spontaneous circulation that we have instituted induced hypothermia on. They have told them they will not dictate what kind of hypothermia protocol they have they just have to have one. The worse thing that can happen to these patients is cool them and then let them warm back up.

Dr. Cathey stated that if you look at it at the state level a smaller rural service would have a cardiac patient, return of circulation and take that to a nearby level 3 which doesn't have a cardiologist but they would have a program where they continue hypothermia while they are setting up the transport and that patient then is transported to the higher level center that can continue it. Dr. Sacra stated that he doesn't feel anytime soon the rural services really starting induced hypothermia due to cost. EMSA didn't even consider doing it until we had informed all the hospitals of that fact. Any EMS service that says they want to do this, submit a protocol, it has to be connected to a hospital somehow.

Dr. Wallace asked if there was a state protocol in place for this, so EMSA will be working on their own protocol. Dr. Sacra stated that EMSA will have to submit it to the State and this committee will have to approve it.

Dr. Cathey asked if there was in comment as far as recommendations or suggestions from this committee in regards to issues related to EMS and hypothermia. Dr. Sacra stated that we will very quickly based on Dr. Ogle's experience and EMSA's experience be able to come forward with a generic model protocol.

Dr. Cathey stated that ERSDAC is tomorrow and we will let them know that this is moving forward, it is important, and it exciting about the possibilities of this. Things are changing with EMSA in Tulsa and Oklahoma City and in Enid and that in the future we will have some generic statewide protocols but that is be very important that chain of care be built around it.

Discussion and review of Section I of the Statewide Protocols:

The first section was provided to the committee. A lot of great work has gone into it thanks to Dr. Sacra, Dr. Goodloe and many others for that. This is a template to work from and we need to find a way to make it generic so that it can be used as a statewide protocol and a buy in from you as medical directors. In then in time on regular basis update the statewide protocols so that they stay current. We believe this is the first step in this process.

Dr. Cathey asked what they thought would be a format for getting each section approved. Section one is administrative protocols not treatment protocols. Section 2 is the treatment protocols which are going to be much simpler to turn into statewide protocols because they are all in algorithm form.

Shawn stated what the staff at the Health Department needs to do is come back to you with eight (8) model protocols each built on their current regional make up so you can look at eight (8) tailored protocols based on their existing regional plans. Dr. Sacra stated this has already been done and that is what needs to go into the statewide protocols.

Dr. Sacra stated what needs to be done is the titles are inclusive of all the different ones that we would want then make these generic.

It was decided to get the generic version out and let them make their changes and send back in to Sharon.

Meeting adjourned at 3:07 pm.