

Oklahoma State Department of Health Medical Direction Sub-committee

MINUTES

Members Present:

Dr. Sacra, Dr Goodloe, Dr. Cathey, Dr. Frantz, and Dr. Ogle

Members Not Present:

Dr. Wallace and Dr. Donnell

Staff Present:

Shawn Rogers, Sharon DellaVecchio, and Eddie Manley.

Dr. Cathey called the meeting to order at 1:05 pm.

The February 11, 2009 meeting minutes were approved by unanimous vote.

Discussion and approval of Special Skills Protocols:

Dr. Cathey wanted to bring up the issue with Checotah EMS and talk about cardiac monitoring, because this just doesn't affect Checotah it's an issue in general. Checotah EMS is a basic service with some intermediates and they have a long list of things they wanted to use this on out in the field. Dr. Goodloe initially said that part of your protocol doesn't make a lot of sense clinically and they sent their response letter from their Medical Director, Dr. Payne. They want to do it for Cardiac, dyspnea, irregular pulse, syncopal episodes, CVA, Seizures, and hyperthermia. Dr. Goodloe stated that the 12 lead makes a lot more sense then running a 3 lead because in a rural setting you could have these basics send the 12 lead for over read at a locate hospital and if it was truly stemi and it's a question of turning right and going to a non PCI hospital or turning left and going 20 minutes further to a PCI hospital he would rather they go to a PCI hospital. He stated you are not going to get that off a 3 lead.

The committee approved the Checotah EMS protocol with the suggestion that a single 12 lead be use instead of several 3 leads.

Review of the Medical Director's course:

Dr. Goodloe stated last time we talked about doing a 6 hour course and doing it in different locations probably starting in Oklahoma City then Tulsa. He stated that he has the patient refusal as part of the CQI program, media and PR pieces, and state regulatory overview modules put together. The earliest we would be able to offer this course is going to be November.

Shawn Rogers asked what delivery format did we decide on? Dr. Goodloe stated that the thought was to make it more PowerPoint and discussion format. If we are really trying to impact some medical directors Dr. Goodloe feels that having a more dedicated face-to-face time would be more effective.

Shawn stated that his hope is that if we can this medical directors course approved by ERSDAC as a requirement for being a medical director then we can really raise the standard for medical direction in the state.

Discussion of creation of a statewide protocol development committee:

Dr. Sacra stated that until we are ready to move forward with these statewide protocols that would be a real incentive to come to this course because you are going to leave with the understanding that we have statewide standardized protocols and as long as you are willing to accept those you don't get harassed by the State. Dr. Cathey stated that once you have this consensus for statewide protocols so when people start to deviate from that they are going to have to explain why. Dr. Ogle stated there will reason to deviate, but if you deviate then that should be brought back to this committee to talk about it. Dr. Ogle suggested that when we do come out with a course that it be in concert with some of the state medical meetings.

Dr. Cathey stated when talking about the statewide protocol development one of the things discussed was using the EMSA protocol as the draft that you could take to this committee to build off of to get a consensus. Dr. Sacra stated that have spent an a lot of time recently redoing the EMSA protocols and there just in the final completion stages. Dr. Goodloe said they have all the administrative stuff done, about a quarter of the treatment protocols done, several of procedural ones done, but it's a roll out thing that every other month we can bring 5 or 6 at a time to the committee. We think we are the only one in the country that actually has emergency medical dispatch care, EMT- Basic care, EMT-Intermediate care, and EMT-Paramedic care.

Dr. Cathey stated that when he has talked to other states about this most often what he hears is that they went through all the Basic protocols first, then intermediate, and then paramedic but from what you are saying is that it might be better to take it by sections to the committee. Once the committee is created to develop the statewide protocols that you will give the protocols to the committee by subject matter and it have all 3 tiers (Basic, Intermediate, and Paramedic) in it when they see it, so they would approve it by subject.

Dr. Sacra stated that the approach we took was to use evidence based medicine to structure these protocols and we have also had the input of the 8 emergency physicians on the Medical Control Board already and these things are standard of care they are not going to vary that much from doctor to doctor. Say you take stemi/stroke-injured patients is going to be really good because our protocol discusses the same criteria that we use in the RTAB's to prioritize patients. Many of these are referenced to medical literature. Dr. Goodloe stated this is to practice medicine so it should be a physician driven protocol set.

Dr. Sacra asked why do you need a separate committee other than this committee? This committee meets quarterly so any new protocols could just come to this committee. Dr. Cathey stated that he is fine with using this committee and not creating another one.

We will use this committee to work on this development, take it by sections and within that section we take a few of the subjects working our way through the section. Shawn or Sharon to email out a section for the committee to review and give comment or suggestions.

New Business:

a. Appointment of new members: Dr Kim Floyd has requested to be removed from this committee. We have talked about appointing Dr. Angela Selmon in place of Dr. Floyd. The committee agreed this is a great idea.

Meeting adjourned at 3:07 pm.