

Oklahoma State Department of Health
Medical Direction Sub-committee
February 11, 2009

MINUTES

Members Present:

Dr. Tim Cathey, Dr. John Sacra, Dr. A.G. Wallace, and Dr. Jeffrey Goodloe.

Staff Present:

Shawn Rogers and Sharon DellaVecchio

Meeting called to order at 2:03 pm.

Dr. Sacra brought a situation that just happened at EMSA the night before. A man impersonating an EMT student showed up for a clinical experience, saying he was with the community college. He had a student ID, but unbeknownst to the crew, he was no longer a student in good standing. The "student" and the two medics were parked "on post". The medics were sitting together in the cab, and heard something going on in the back on the unit. They saw their "student" attempting to break into the narcotics box. He was arrested and taken to jail. When searched, it was determined he had also stolen syringes.

Paramedics Plus and EMSA are looking into their process of validating the identity of a student. The question was asked, under whose medical license is that student operating under when they are doing a ride along, the medical director of the training program or the medical director of the licensed ambulance service? The letter of affiliation is between the ambulance service and the training program, so the ambulance service would have some responsibility for validating a person's identification. Dr. Sacra asked if there was anything in the rules and regulations about clinical rotations for students? Shawn stated there is only statutory empowerment for student to be allowed to perform skills while on a clinical rotation.

Dr Wallace made motion to approve the February 19, 2008 minutes. Dr. Goodloe seconded the motion. Motion carried.

Dr. Sacra stated that they are still waiting on finding out roughly the number of EMS transports per region, so we can see if there is enough volume to support a regional medical director. Shawn apologized for not having gotten that information, and promised it immediately.

Discussion and approval of Special Skills Protocols

- **Muskogee County EMS** – The approval request is for parenteral administration of Thiamine by Intermediate level EMTs.
- Dr. Goodloe and Dr. Sacra made the suggestion that the committee approve the protocol but ask them to go back and look at their evidence based medicine supporting the use of thiamine at all at any level. Protocol approved.
- **Johnston County EMS** – The approval request is for protocols for maintenance of IV medications by EMT-Intermediates during interfacility transfers.

Dr Goodloe stated in reading this letter they stated they were not administrating these medications but just monitoring them. He stated that he doesn't find that helpful. These medications are actively being administrated whether you are pushing a syringe or watching a drip chamber – either way you are still actively involved with these medications. Dr. Sacra stated that the problem he has with this is that they talked about non-acute care patients requiring transport and then they go on to say in most cases its possible to discontinue the additive without causing harm to the patient. If this is case, then why do they want to continue them during transport? Dr Sacra stated he doesn't think these are non-acute patients if they need this drip.

Dr. Cathey suggested that we disapprove the protocol as written and if they want to submit a vitamin protocol that it be considered at that time. Dr. Goodloe stated that he would send the disapproval with the justification and they want to create another policy that may suffice for some of their transports. Dr. Sacra stated that we disapprove it, and tell them they need to give us better data as the type and numbers of patients you are talking about from last year. Protocol disapproved.

- **Newkirk Fire / EMS** – The approval request is for Intermediate EMT Administration of Nitroglycerin Tablet / Spray.

Dr. Wallace asked isn't it in the state protocol that if a patient already uses that medication that it is ok to administer it? Shawn stated that it is OK to assist with the patient's medication; this request is talking about agency-supplied medication. Dr. Sacra commented that it is a well thought-out protocol.

Dr. Goodloe stated that he is worried about how we use Nitro in the field. If you're aggressive you are on the front end with nitro can have a patient detrimental impact. He doesn't really know this service and the time until a paramedic unit would arrive on scene, but he has seen no shortage of cases in his own practice of emergency medicine where the patient comes to the hospital pain free and the tech in the hospital gives you the ECG and it looks fine, then the medic rolls out the 12 lead and shows what they got on the scene before the patient was given nitro. Dr Cathey asked Dr. Goodloe if this were your paramedics would you be saying oxygen, then morphine and only do nitro if those two fail?

Dr. Goodloe said no, the literature is actually showing that we should be throwing out morphine. Dr Sacra stated that the heart hospitals have already asked EMSA not to give their patients morphine. He said that is a shift for him. We are not going to give their patients morphine. Dr. Goodloe stated that when you give a narcotic are you blocking pain that should really be there and telling you something.

Dr. Sacra asked on this protocol why aren't they giving aspirin? Do they have a separate aspirin protocol for chest pain? Shawn said yes, they are currently using the state protocols that require aspirin.

Dr. Sacra stated that he doesn't see anything wrong with EMT intermediate administering nitroglycerin based on a set protocol with an end point. He stated that he would like to see this incorporated into a comprehensive chest pain protocol.

The protocol was disapproved; the committee is requesting they submitted a comprehensive chest pain protocol with this incorporated into it.

Review of the Medical Director's course

Dr Goodloe stated there was some concern about having a compulsory medical director course at the second to the last ERSDAC meeting. There were questions about content, format, cost and timelines on when this would be required. A presentation was given at the last ERSDAC meeting and he felt that it was very well received. He covered an outline including orientation, review of the regulations, EMS systems design and operations and EMS medical director practice. Under the latter heading were offline administrative oversight, personnel, relationships, credentialing, media interaction, liability issues, insurance policies, EMS CQI issues, benchmarks, treatment protocol development referencing evidence based medicine, and protocol resources whether there is a state protocol or not.

There are number of individuals on the council that represent EMS education programs and administrator of services; they were interested in being able to audit the course, which is fine because we want to show everybody that this course is not designed to create contentious relationships between medical directors, educational programs and ambulance services. In fact it is quite the opposite, its aim is to create a working dynamic as opposed to "here's the protocol can you look over and sign it".

At the last meeting it was suggested that Dr. Goodloe would present some work he had been working on in the interim at the next meeting. Unfortunately it is during a week he will be out of town. What he wants to share with this committee today is one of the blocks that they have put together at the Institute. You can verify to OERSDAC that you have seen some work in progress and that things are on schedule. He will be presenting this information to OERSDAC at the May meeting. If OERSDAC would make a firm commitment at that meeting, we could start to offer this course in the fall of this year or no later then the first quarter of 2010.

Dr. Sacra stated that it is hard to discuss this medical directors course without including a discussion of the state protocols, because that is another thing that facilitates these medical directors doing their jobs and not having to come back rewrite their protocols. As long as they are accepting the state-endorsed protocols, they can modify them as needed- though their modification would have to be approved. That part of their job has been done for them. This is part of the major mission of the Institute and the Institute will dedicate the resources to get it done.

Dr Cathey asked in his position could he not bring together the physicians to make up the state level committee to review and approve the protocols? Sharon stated that you could form a workgroup that would report back to the medical direction subcommittee. He stated that this is something that he would like to be working towards the goal of finding out who the right people who would come and participate.

Dr. Goodloe updated the committee on his visit to California and how differently medical direction for ambulance services is handled compared to Oklahoma.

Meeting adjourned at 3:20 pm.