

**DRAFT**  
**CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)**  
**AND**  
**EMS CLINICAL COORDINATORS**

Connecticut Hospital Association (CHA)  
March 12, 2015

**MINUTES**

**Member Attendees:** Kyle McClaine, Richard Kamin, Sandy Bogucki (for Dave Cone), Bill Begg, James Parker

**OEMS Staff:** Raphael Barishansky, Kevin Brown, John Spencer, Jean Speck (phone)

**Guests:** John Quinlavin, Mike Zanker, Sean Fitch, David Bailey, Paul Rabeuf, Patricia Palaie, Kevin Burns, Ian Medoro, Mariel Daniels, Nancy Brunet, Phil Heavin, Jim Santacroce, Ryan Coughlin, Ryan Carter, Raffaella Coler

**Chaired By:** Richard Kamin, M.D., and Kyle McClaine, M.D.

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:00 am	The minutes of the February 12, 2015 CEMSMAC meeting were reviewed.	Motion made to approve the minutes (Begg/Parker)
DPH/OEMS Report - Raphael Barishansky	<ul style="list-style-type: none"><li>• New Region 3 Regional EMS Coordinator John Spencer introduced and welcomed</li><li>• OEMS is putting the final touches on the AEMT memo – this is expected to be released by April 1st and will advise the EMS Community on various deadlines regarding this level of certification</li></ul>	

	<ul style="list-style-type: none"> <li>• Legislative update</li> <li>• HB 5911/HB 6658 – DPH is remaining silent on these two bills</li> <li>• HB 6658 – Meds to be carried by all EMT/AEMT</li> <li>• HB 5911 – Restructure of EMSAB</li> <li>• SB 800 – DPH is asking for more data regarding the need for this Pilot program prior to moving forward</li> <li>• HB 5907 (Ryan White) – DPH supports this bill</li> <li>• SB 1010 - Supplemental FR not needing signoff from municipality and PSA holder – The Department is opposed to this bill as written and hopes for modified language.</li> <li>• SB 999 – DPH Tech Bill specific to EMS initiatives - this included the orderly transfer of patient care provision to allow highest level of EMS provider to have patient care responsibility – not looking to take scene authority away from the senior fire official on scene. <ul style="list-style-type: none"> <li>○ There was comment from J. Quinlavin re coming to support/provide testimony</li> </ul> </li> <li>• McClaine – expresses import to have more engagement from group – will work to engage group more efficiently</li> <li>• 6658 – Mandate naloxone/ntg/epi – testimony against and allow local need</li> </ul>	
<p>SCT Medication Issue/Overall SCT discussion (Group)</p>	<ul style="list-style-type: none"> <li>• Initial meeting of Ad-hoc sub-group met the hour prior to March 2015 CEMSMAC</li> <li>• Attendees – Kamin, McClaine, Santacroce, Burns, Brunet, Rabeuf, Bova (phone), Speck</li> </ul>	<ul style="list-style-type: none"> <li>• Group to be led by Ryan Carter MD and Doug Gallo MD</li> <li>• Plan to review current Medication list/curriculum and revise.</li> </ul>

	(phone)	<ul style="list-style-type: none"> <li>• Will examine need to expand/change the SCT program to improve critical care inter-facility care</li> <li>• Commercial providers were identified as essential stakeholders and will be engaged</li> <li>• Will examine the potential for formal state certification/endorsement for SCT providers</li> <li>• Import of refining data collection process surrounding the SCT program (course provision, who/how many trained, QA regarding clinical care provided, etc).</li> <li>• “Survey Monkey” pending to ask all SCT meds and process requests</li> <li>• Group will meet regularly - likely hour before CEMSMAC in same location</li> </ul>
SMART Tag Training (by Kamin for Lillpoppp)	<ul style="list-style-type: none"> <li>• Discussion regarding import of ongoing training for providers</li> <li>• Potential for funding/support from Rural Health Initiative</li> </ul>	<ul style="list-style-type: none"> <li>• Motion made by Kamin - “CEMSMAC to support the development of opportunity to improve training/competency with smart triage”. Second by Begg – approved unanimously.</li> </ul>
Statewide CARES Participation (Kamin at request of Cone)	<ul style="list-style-type: none"> <li>• Discussion surrounding future of CARES participation given transition to subscription cost needed in near future</li> </ul>	<ul style="list-style-type: none"> <li>• Point made that AMR contributes agency wide/nationally – unsure if they will continue</li> <li>• Further discussion on this issue needed in April or May</li> </ul>

SMR update	<ul style="list-style-type: none"> <li>• Distributed via everbridge</li> </ul>	
Regional MAC Reports	<p>Regional MAC Reports – Regional Reps</p> <p>Region I – meeting to be rescheduled</p> <p>Region II – no report</p> <p>Region III –</p> <ul style="list-style-type: none"> <li>• Stroke care benchmarks being discussed</li> <li>• Spinal Motion Restriction &amp; C-Spine precautions discussed/clarified.</li> <li>• New ET Tube proposal from HH w/subglottic suctioning potential to decrease ventilator associated pneumonia – cost of new tube \$60 vs \$3 for traditional tube – no change proposed</li> </ul> <p>Region IV – Part time EMS Coordinators for DKH (Valerie Cassidy) and Backus (Gillian Schaff) have been named. Regional approach to BLS training and sharing of educational opportunities has begun. Preliminary commitment to utilizing statewide guidelines when released. Study of EMS needs for northeast corner of state with a secured grant is planned. Meeting this month to secure a vendor to complete the study.</p> <p>Region V – Region V meeting Waterbury, CT 2/19/05 over 20 attendees</p> <ul style="list-style-type: none"> <li>• CEMSMAC Co-Chair Kyle McClaine, MD attended and gave perspective</li> <li>• Recognize Dr Peter Jacoby (St Mary’s Hospital), Region V Chair &amp; champion.</li> <li>• CPAP for BLS update -no utilization to date</li> </ul>	

	<p>for those with ability to do so.</p> <ul style="list-style-type: none"> <li>• <b>Region V Guidelines</b> <ul style="list-style-type: none"> <li>○ Annual review of “carve outs” guidelines from local hospitals to see if there is an opportunity to become one with Region. Ie one hospital has a carve out to use hydralazine, but hasn’t used it since inception</li> <li>○ Reg V guidelines Format discussion</li> <li>○ Nitropaste re-introduced into protocols for subset of those with cpap requiring nitro SL</li> <li>○ CCR: await newer guidelines before instituting</li> <li>○ BLS EKG discussion and endorsement</li> <li>○ Impedance threshold devise utility: costly with no sig advantage</li> </ul> </li> <li>• <b>Medical marijuana transport. Consider treating similarly to other controlled substances, in an appropriately labeled container.</b> <ul style="list-style-type: none"> <li>○ Treat as any other prescription med/controlled substance; has to be in a labeled bottle. Pts not in a position to take meds without input from medical personnel.</li> </ul> </li> <li>• <b>Next meeting late May/ early June</b></li> </ul>	
<p><b>Mobile Integrated Healthcare</b></p>	<ul style="list-style-type: none"> <li>• <b>David Bailey heading up EMSAB MIH Sub-committee - efforts statewide are coming together via dialogue between groups that are initiating individual efforts.</b></li> </ul>	<p><b>Dr. Bogucki – will DPH’s stance be problematic to services/institutions that are looking to institute program? Question from Sandy regarding how to assist OEMS in</b></p>

	<ul style="list-style-type: none"> <li>Concerns: initiation of legislation may be premature due to lack of data, unsure how cost will be addressed, home health provider/stakeholders that have communicated with Bailey have pressed to have process go forward without legislation, concern for DPH placing testimony against 800, working on getting more data about high utilizers, data re-admission issues needed</li> </ul>	<p>moving forward.</p> <p>Coler – Data should be available from current 911/PSAP perspective. Ralf expressed concern that nursing is worried that current nursing practice will be encroached on and not enhanced.</p>
Statewide Unified Guidelines	Formatting is still in progress. Evidence based clinical guidelines developed through the Pegasus process will be considered for inclusion	The Guideline will be formatted and sent to the group for review.
CMED	No report.	<p>Dr. Bogucki stressed the import for “ongoing state surveillance” due to concern regarding patient care issues with increasing incidents due to failure/inadequate communication. Leads to concern on how this has and will lead to impacting patient care</p> <p>To remain on the agenda.</p>
NHTSA	No report.	To remain on the agenda.
Open Discussion	<ul style="list-style-type: none"> <li>CT EMS Expo – May 27th to 30th at Mohegan Sun</li> </ul>	<ul style="list-style-type: none"> <li>Planning on informal Friday night get together.</li> <li>Reminder from Ralf Coler regarding importance of Sponsor Hospital contribution to EMS Expo – info</li> </ul>

	<ul style="list-style-type: none"> <li>• EMS Awards Nominations can be made via the CT EMS Councils Website till April 22<sup>nd</sup> – Please submit nominations</li> </ul>	<p>available on website</p> <ul style="list-style-type: none"> <li>• May 27<sup>th</sup> – MIH pre-con with Dan Swazy from Pennsylvania speaking</li> <li>• Reminder to sign up for Golf Tournament at the Expo (limited space so sign up soon).</li> </ul>
Adjourned	The next CEMSMAC meeting is scheduled for April 9, 2015 @ 10:00 am.	

Respectfully submitted: Richard Kamin MD, Kyle McClaine MD