

Connecticut EMS Coordinator Committee (DRAFT)

MINUTES

June 14,2012

1230-1450

CHA

MEETING CALLED BY	Thomas Russell Chairman
TYPE OF MEETING	Monthly Meeting with Special Guests Kristine Nasinyk & John Gadea from Consumer Protection
FACILITATOR	Thomas Russell
NOTE TAKER	Thomas Russell
TIMEKEEPER	Thomas Russell- Meeting called to order 1235
ATTENDEES	Barkinsky, Romano, Zacchera, Canning, Santacroce, Larcheveque, Gambino, Henschke, Burns, Brunet, Winters

Guests: John Gadea and Kristine Nassinyk (Consumer Protection) D. Bailey (DPH) , Dan Wassmer (Milford Fire), Sean Fitch (AMR)

Agenda topics: Reports & Consumer Protection May Minutes Accepted Winters, Santacroce

10 MINUTES COMMITTEE REPORTS EDUCATION & TRAINING **Did not meet prior to this meeting** ALAN HENSHKE

DISCUSSION	Tourniquets for EMR and BLS CPAP is complete, and SSI is pending	
	SCT being actively discussed as it enters its last revisions, Selective spinal was brought to CEMSMAC by Alan for discussion and their approval.	
	Tourniquets for EMR level plus training for all levels on tourniquets.	
CONCLUSIONS	See new business for Clinical Coordinators	
	The EMS Coordinator Group needs to be actively involved in the SSI, SCT, Tourniquets and DNR process at the Clinical Coordinator Level.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Alan will attend and participate in Education/Training meetings regarding the above items.	Henshke	To be determined
The EMS Coordinator Group will assist the Education & Training Group in facilitation of review and changes	Group	10/ 13/2012

10 MINUTES COMMITTEE REPORTS EMS ADVISORY/**CEMSMAC** LARCHEVEQUE
(EMS Advisory meet week after)

DISCUSSION	Discussion on committee structure. Who should be on committee and how to reach out to get a more diverse representation? Clinical Coordinators should be represented and have a vote on topics discussed. Clinical Coordinators will have a representative at every meeting. CHA Sponsor Hospitals to review regulations prior to full acceptance. Each Sponsor Hospital CEO invited to send representation to review regs. Steven Hanks from Hospital of Central CT to Chair.
	New Milford looking for BLS to do 12-Lead aguisition and transmission. Carin Van Gelder MD looking at different SSI regulations and will do comparison for CEMSMAC. SCT being reviewed by Kevin Brown on content.
	CPAP slideset too detailed should be more basic for EMT's as not everyone is using, To Ralf Coler and Education & Training for review.
CONCLUSIONS	Need to be actively involved as Sponsor Hospitals on the CEMSMAC Committee. Need to get more EMS Medical Directors voicing their opinions on improving EMS going forward in 2012 and beyond.
	Need more Medical Directors to look at the new Scope of Practice for MRT, EMT & Paramedic and voicing their opinions on where they see these levels going. Also must buy into (Re) certification of these levels.
	The EMS Coordinator Committee will assist EMS Advisory and CEMSMAC in any way possible.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Will evaluate as all state subcommittees have input. Need to make sure services comply with EMS Advisory & CEMSMAC	Committee	ASAP

2 HOURS

CONSUMER PROTECTION/ NARCOTIC BUREAU

KRISTINE NASINNYK/ JOHN GADEA

DISCUSSION	This special meeting came out of multiple discussions at the Clinical Coordinator meeting, and also individual sponsor hospitals discussions with consumer protection.	
	Consumer Protection representatives were requested by Clinical Coordinator Chairman to attend to clear up misconceptions on Rules & Regulations regarding controlled substances & EMS/Sponsor Hospitals. And how the Clinical Coordinators and Consumer Protection could better work together.	
	<ol style="list-style-type: none"> 1. Points: Sponsor Hospital pharmacy is in charge of the medications they supply to EMS 2. Consumer Protection is in charge of Security & Exchange of controlled substances. Including What is in kit, how many kits are in the system, what happens with controlled substances in the vehicles both on and off shift 3. Where are the controlled substances kits? There has been a rash of mishandling of Controlled kits. 4. Gaps in or protocols for handling not followed 5. Any change in #'s, placement, medications in kit must go through their department 6. New protocols for locking up controlled kits such as in lock boxes such as Knox Box. 7. How many kits may one person have before they exceed rules/regulations in place? 8. Paramedics carrying narcotics on person in case needed on call? 9. Hospital Inspections- Looking for: 10. Does paramedic have control of double locked box keys? 11. Are the controlled substances double locked? 12. Are the chain of control sheets signed? Or are there gaps in who had control of kit? Interesting was that even if there are gaps in signatures the last person documented as having it is responsible for any issues with kit. 13. Big issue is Personal drug issues having the narcotics and with access abusing them 14. Also interesting is the fact that many regulations that EMS complains about are DEA Regulations not from the CT Consumer protection. DEA have the National Control over the handling of narcotics on the National Scale and set many regulations that the CT Consumer Protection Narcotic Oversight cannot change. 15. State License to store on sight set by DEA that drugs can be stocked at EMS buildings only with a physician authorization with the physician having full responsibility on the handling and storing of keys and the controlled substances. The physician can obtain a site license for EMS by using their DEA license like they would for their practice. This would not need state approval; however, the state CP can come in and audit signatures/storage and then be responsible for any issues. 16. DEA Regulation- Can only get narcotics from one hospital (federal not state dictate). One ambulance one kit cannot hold multiple kits in one ambulance. Any loss must be reported within 72 hours including broken or missing vials. 17. DEA dictates that when narcotics are in an ambulance the doors must be locked. Long discussion on this topic and both representatives understood EMS concerns but Mr.Gadea stated that it is difficult to change DEA policies. 18. Fentanyl brought up they stated they were shocked when it was first presented as an EMS medication but not really an issue when physician authorization present. 19. Do not need signatures for standing orders as guidelines are frequently updated and standing orders should be on file with their office. 20. Controlled substances can be on site at ambulance services for < 24 hours then must be returned so they can be accounted for. 	
CONCLUSIONS	Services can have only one hospitals medications, cannot have multiple hospital suppliers Access to controlled substances must be documented. Kits must be checked frequently so if inspection occurs (or worse an incident occurs) a chain of ownership is clearly documented.	
	Physician who approves an EMS site obtaining and use of controlled substances would be allowed under their DEA license and be fully responsible for their storage, use, records and any issues up to and including loss of DEA license to prescribe controlled substances. The physician would not need Consumer Protection approval, but will still be held to federal regs.	
	Long discussion which allowed both Clinical Coordinators to have their concerns heard and also as they stated to hear and understand how EMS operates and see why some regulations do not fit in the EMS world. Locking of ambulance doors in bases, at ER's, on scenes will slow down transport and not allow the ability to rapidly access vital equipment immediately. Consumer Protection will send the state and federal regulations to the Chairman to be forwarded to the committee for informational purposes. We will continue to discuss and Consumer Protection requested we consolidate why EMS could be restricted in their patient care via the present regulations if followed as presently constituted. Discussion with Consumer Protection lasted over 2 hours of meeting.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Both consumer protection and the clinical coordinator group exchanged valuable information that will allow us to better understand the restrictions that the present regulations place on their interpretation of policy and how they can restrict EMS in performing	Committee	Completed John Gadea & Kristine Nassinyk willing to return to

RESOURCE PERSONS	Chairman Russell
SPECIAL NOTES	Next meeting scheduled 9/13/2012 with call in