

Medical Advisory Committee

Meeting Minutes

October 23rd Osprey Hotel Naas

In Attendance

Mick Molloy (Chair)

Joseph Mooney

Michael Dineen

Shane Mooney

Derek Rooney

Peter O'Connor

Niamh Collins

David Menzies

Gerry Kerr

Shane Knox

Ken O'Dwyer

Declan Loneragan

Apologies

Jack Collins

David Hennelly

Seamus McAllister

Valerie Small

Cathal O'Donnell

Rory Prevet

Gerry Bury

Dave Irwin

Naucartan Hughes

Present

Brian Power

Barry O'Sullivan

Deirdre Borland

1. Chairs Business

Chair welcomed the committee and apologies were noted. Chair informed the group that Brian Power had met with Prof Turner of the Obstetrics Programme who gave his support to review the PHECC obstetrics CPGs. Prof Turner stated that the CPGs would be reviewed at their December meeting.

The chair informed the committee that ^{Prof} Gerry Bury had submitted an email to him outlining concerns regarding some CPGs. The Chair indicated that the proposed CPG development process should help in securing CPG integrity and that his topic would be discussed later in the meeting.

1.2 Minutes and Matters Arising

Resolution: The minutes from the Medical Advisory Committee of 25th September be approved subject to deleting the reference to David Menzies concerns.

Proposed David O'Connor

Seconded: Joseph Mooney

Carried without dissent.

Brian Power informed the committee that he had a telephone call from Dr Tom McCormack, medical liaison person for all the RNI Irish Doctors regarding the progression of their position with PHECC. Brian will circulate the approved section of the minutes to him.

3 CPG Development

3.1 Comparison with HIQA National Quality Assurance Criteria and the PHECC CPG development process.

Brian Power informed the committee that he has carried out a comparison of the HIQA National Quality Assurance Criteria and proposed PHECC CPG development process as requested at the September meeting.

The Chair indicated that if the MAC were to follow all the guidelines listed by HIQA, it would possibly lead to delays and many may not be a good fit for pre-hospital CPGs. Niamh Collins asked about the target for compliance to the guidelines, she suggested that by adopting some of the criteria PHECC may still be acceptable.

A discussion ensued regarding the criteria listed. It was suggested that if following the HIQA criteria would strengthen the CPG development process, then it should be followed.

The chair asked the group to scrutinise the HIQA guidelines and the discussion focused on the following items which were identified as not currently in the PHECC process.

Item 2 Objectives	It was agreed that the overall objective of the guideline would be described as a CPG is developed.
Item 3 Health Question	It was agreed that the health question covered by the guidelines would be described as a CPG is developed.
Item 6 Views of population effected	While it would be difficult to enlist the views of the general public in a targeted sense, it was agreed that groups representing specific illness interests would be consulted where a CPG was focused on that illness.
Item 9 Competing Interests	It was agreed that the committee members would declare any vested or conflict of interest prior to commencing CPG development.
Item 11 Evidence Selection	It was agreed that an appropriate critical appraisal system would be used when reviewing evidence.
Item 12 Quality of Evidence	This was agreed as per item 11.
Item 13 Formulating recommendations	It was agreed that the methods used for formulating the recommendations are clearly described when developing a CPG.
Item 14 Benefits, risk, cost effectiveness, resource implications	Niamh Collins suggested that a statement clarifying that MAC develop CPGs for the best interest of the Patient. David Menzies cautioned against ignoring the organisational and budgetary constraints on training and service providers when producing GPGs. Gerry Kerr stated that it was not MAC's remit to consider cost implications and that the MAC's duty was to create CPGs of best practice. Barry O'Sullivan stressed that MAC set the guidelines and if a service provider was unable to meet the criteria they should contact PHECC and seek an exemption.
Item 15 Grading of recommendations	It was agreed that recommendations would be graded for quality of evidence.
Item 16 External review	Brian Power outlined that an external review was carried out on some occasions. Barry O'Sullivan proposed sending the CPGs outside the jurisdiction for an external expert review. This was agreed.
Item 21 Barriers and Facilitators	It was agreed that when developing guidelines that barriers and facilitators to their application be outlined.
Item 23 Budget Impact	Cost may be considered but will not necessarily be a deciding factor in progressing a CPG, particularly if there is a significant benefit to the patient.
Item 24 Monitoring and Audit	It was agreed that a monitoring process would be developed in conjunction with the CPGs.

Brian Power outlined that in accepting these criteria is a positive move but it would add considerable extra workload to CPG development. This was acknowledged by the meeting.

3.1.2 CPG development process

David O'Connor asked that extra time be allocated to complete a Delphi as he consulted with practitioners locally. Brian Power explained that there is only a 40% to 60% response rate and that extending the timeframe would probably decrease this.

Niamh Collins and Declan Lonergan asked that the MAC get a copy of the final version CPGs prior to recommendation to Council. Brian Power said that this would be put in place as part of the process. The Chair informed the group that an organisations lack of training opportunity is not a reason for MAC not to develop a CPG.

Brian Power outlined the frustration of members not attending meetings and later bringing up issues after their fellow committee members have approved them. Members are encouraged to email or phone the office with comments on the agenda items if they cannot attend, that way their opinions are heard. David Menzies said it should be considered that issues will arise when members are missing, particularly with such a large committee and member availabilities. Gerry Kerr suggested that if a member isn't able to contribute, due to any reason e.g. workload the opportunity to step-down should be offered. The Chair suggested that prior to recommending a CPG for approval to Council, each member should have an opportunity for final sign off. Shane Mooney agreed that a formalised process would resolve the issues surrounding non-attendance. Brian Power suggested a final Delphi signoff may be feasible.

Barry O'Sullivan advised that currently once a CPG is approved there is no process to amend it prior to publication. A discussion ensued regarding review and publication of CPGs and it was agreed that the CPG Development Policy be revised to clarify the approval process, provide for pre-publication proofs and accommodate amendments as appropriate. The revised policy will be included in the meeting papers for the next meeting.

Niamh Collins suggested that meeting papers should be reduced in volume, to make the work of members more feasible. It was agreed that reports included for the meeting would no longer be incorporated into the main meeting papers but sent as a separate attachment.

With regard to the Mental Health Emergency CPG, Brian informed the meeting that it is currently with a Barrister/ for legal opinion.

4. Interfacility Patient Transport Standard.

Brian Power introduced the latest version of the standard which has been developed by the Priority Dispatch Committee. The MAC were asked for their feedback prior to being brought to Council.

Shane Mooney indicated that the ambulance service is not mentioned in the Mental Health Act. He further stated that he does not agree with the Ambulance Service being tasked with transporting mentally unstable patients. Brian Power stated that this element of the standard was agreed by both the Emergency Medicine and the Mental Health National Clinical Programmes. He pointed out that Dr Cathal O'Donnell, Medical Director NAS, is a member of the Emergency Medicine Clinical Care programme.

David Menzies cautioned against permitting a hospital team travel unaccompanied in the rear of a vehicle without a practitioner who is familiar with the equipment of the ambulance.

Brian Power suggested that this would have an implication for the Mobile Intensive Care Ambulance Service. It was agreed to amend to include this point.

Niamh Collins suggested the inclusions of sample conditions for each category. Gerry Kerr concurred with this suggestion, whilst agreeing that the clinician should have the final choice.

A discussion ensued regarding the appropriateness of the Standard. Brian Power reminded the group that this would be applicable to all Ambulance Service Providers not just statutory providers.

A discussion ensued regarding vehicle type and hospital expectations as regards equipment availability.

The Chair informed the group that an education programme will accompany the implementation of this standard in conjunction with protocol 37.

The Chair did question the interventions a generic "nurse" could add, stating that specifying "specialist nurse" would be more appropriate.

It was stated that as an ICV does not have monitoring capability it should be removed from the top category. Brian Power indicated that the standards states that monitoring capability is required for ICV's and this would need to be addressed.

A discussion ensued regarding the appropriateness of an EMT acting as driver in cases for transfers. Shane Mooney suggested that this may resulting in inappropriate crewing of emergency vehicles within the HSE. The Chair suggested that operational issues for a particular service were not within MAC's remit.

Niamh Collins asked that "mobile intensive care" be changed to "critical care vehicle".

Questions surrounding the appropriateness of sending a patient with mental health issues in an ICV.

It was agreed to approach the emergency medical programme for feedback of this issue.

5. Public Access Defibrillation – consultation process

Brian Power introduced the document and asked the committee of their input.

The following points were raised:

David Menzies said that they did not specify the targeted AEDs (airports, shopping centres) or Mobile AED in the position of responders/Gardaí etc. and he would like to see those areas investigated.

Shane Knox also questioned why uniformed responders were not included and absence of focus on CPR. He also suggested that Ambulance Control must take responsibility for dispatching responders.

Niamh Collins questioned the implications of obligations of the owner of the premises. This point has been refuted by many organisations. The inappropriateness of fines or conviction should be stressed to HIQA. She also suggested the CPR training should be embedded in schools etc.

Barry O'Sullivan indicated that money from the DOH was provided for four responder coordinator positions, although three were set up initially, are no longer available and the money has been absorbed into the base budget.

Shane Mooney asked that AMPDS be contacted to change their language when giving phone CPR instructions as his experience demonstrates that the depth achieved is inefficient.

Niamh Collins called for a renewed CPR campaign to include AED use.

Shane Knox asked that PHECC engage with the Gardaí and Fire Services regionally.

6. Practitioner queries re CPGS

6.1 Transportation - query spinal injury

David Menzies requested that the spinal injury CPG be amended to allow from transport on a scoop stretcher. Brian Power stated that to change a CPG it would require to be discussed by MAC and then approved by Council. He suggested an interim directive stating that it is acceptable to transport a

patient with query spinal injury on an orthopaedic stretcher. Ken O'Dwyer suggested caution as this changes practice, older equipment may not be appropriate.

Resolution: PHECC to circulate Licenced CPG provider's advising them that the MAC has approved the use of an Orthopaedic/scoop stretcher to transport a patient with query spinal injury, however a vacuum mattress is the preferred option if available.

Proposed: David Menzies

Seconded: Derek Rooney

Carried without dissent

6.2 Therapeutic hypothermia

Conor Deasy submitted a query via email regarding therapeutic hypothermia. Niamh Collins suggested awaiting the recommendations from the 2015 guidelines.

A discussion ensued regarding the benefits and risks of unsustainable cooling. It was suggested that not all hospitals initiate therapeutic hypothermia and perhaps it was not appropriate to commence it in the pre-hospital environment in this situation.

It was agreed that a Delphi be circulated to members on this issue and a decision be made at the next meeting.

7. Clinical cover at events

The chair asked that those interested in clinical standards at events to make themselves available to go on a subgroup to deliberate on this issue and report back to MAC. Joe Mooney, Michael Dinneen, David Menzies offered to undertake the work and it was suggested that Neil Reddy be asked to participate. Brian Power stated that there were other practitioners outside MAC that expertise on this and should be considered for the sub-committee. This was agreed.

8. KPI update

Barry O'Sullivan informed the committee that he will outline the KPIs identified at the next meeting. The Chair cautioned against allowing this list to be published without PHECCs prior overview. Barry O'Sullivan informed the committee, that there was no evidence to hand that memorandum of understanding was entered into as regards ownership. A process will be developed to ensure this does not occur in the future.

9. AOB

Brian Power informed the Committee that the Minister of Health visited PHECC on the 22/10/14. The Minister expressed an interest in transporting appropriate patients to local injury units following 999 calls. Brian Power suggested that MAC follow up on this with the Emergency Medicine Programme and other interested stakeholders.

The next meeting will be held on 27th November.



Handwritten signature and date: 27/11/14

