

Medical Advisory Committee

Meeting Minutes 29/01/2015

Present

Mick Molloy (Chair)
David Hennelly
Gerry Bury
Macartan Hughes
Niamh Collins
Neil Reddy
Ken O'Dwyer
Martin O'Reilly
Gerry Kerr
Sean Walsh
Shane Knox
Shane Mooney
David O'Connor
Joe Mooney
Conor Deasy
Derek Rooney

Apologies

Jack Collins
Cathal O'Donnell
Séamus McAllister
~~Cathal O'Donnell~~
David Menzies
Rory Prevett
David Irwin
Declan Lonergan
Valerie Small

Present

Brian Power
Barry O'Sullivan
Mark Doyle
Deirdre Borland

1. Chairs Business

The Chair welcomed Mark Doyle, Medical Advisor to the PHECC executive to the meeting.

Barry O'Sullivan informed the committee that approval has been given for the appointment of the Director's Position. He indicated that advertisements would be placed with the next few days.

2. Meeting Report and Matters arising

Resolution: That the meeting minutes of 27th November 2014 be approved.

Proposed: David Hennelly Seconded: Joe Mooney

Carried without dissent

3. CPGs

3.1 Mac CPG policy

The Chair introduced the amended CPG policy. Barry O'Sullivan pointed out that it is now stated that the Director together with the PHECC Medical Advisor or the Chair of MAC must sign all interim directives.

Macartan Hughes asked for clarity of the domain 'wider health service integration' in the priority matrix. It was explained that care may start and stop in the per-hospital environment or it may be continued as ED or hospital care therefore it would have a wider health service integration.

Resolution: That the medical advisory Committee recommend to Council the CPG Development Policy as outlined in the papers.

Proposed: David Hennelly Seconded: Niamh Collins

Carried without dissent

3.2 Brian Power indicated that there are a list of potential CPG topics for consideration. The prioritisation schedule as outlined in the CPG development policy will be circulated to all members for scoring.

3.3 Spinal Injuries

The Chair informed the group that a sub group will be established to focus on spinal injuries.

Ken O'Dwyer, David Menzies, Shane Mooney indicated their interest in the sub group membership.

Niamh Collins suggested seeking input from a spinal expert to the subgroup. Brian Power suggested Mark Dixon who has carried out extensive research in this area.

In light of the amount of international expertise Brian Power suggested a one day conference to get an informed view on the topic. Ken O'Dwyer cautioned that equipment be excluded from the terms of reference for the subgroup.

Niamh Collins suggested that C.P.R. Limerick be tasked to research the top research articles regarding this topic.

4. Standards of Operations

4.1 Transport of patients to Local Injury Units (LIUs) by ambulance. The Chair gave a background to this item. He indicated that a sub group will be established to identify the feasibility of the safe transport by ambulance to LIUs.

Barry O'Sullivan indicated that the safe transportation of patients to local injury units should become a priority for MAC and PHECC need to develop a position on this as a matter of urgency. Brian Power stated that he was in contact with Dr Gerry McCarthy, clinical lead of the Emergency Medicine Programme (EMP), who gave his support in principle for ambulance transports to LIUs however patient safety has to be a priority. Dr McCarthy suggested that a Consultant in Emergency Medicine with experience in LIUs should be involved in the PHECC deliberations.

Niamh Collins cautioned against following a UK model, where emergency department are now being under resourced. David Hennelly agreed and cautioned that the impact of such policy should be carefully considered. Sean Walsh asked the sub group take into account the variance of clinical expertise in LIUs when considering the issue.

David Menzies, Niamh Collins, Macartan Hughes, Joe Mooney, David O'Connor, Valerie small, Gerry Bury agreed to be members of the sub group.

Part of the brief is to engage with the EMP to ensure that they are supporting any change in policy.

Gerry Bury asked that the impact to training be kept in mind and the general practitioner should be considered.

It was agreed that PHECC would adopt the EMP criteria for patients attending LIUs as the criteria for ambulance transports to LIUs.

* as Emergency department resources are re-allocated to ED avoidance programmes

The need to use ambulances to transport patients was queried. It was suggested that patients when identified at Control level should be requested to make their own way to an LIU. Brian Power informed the group that the Priority Dispatch Committee could not agree

to implement an advisory for callers to make their own way to hospital and that this policy change will be subject to research.

In relation to AMPDS, Shane Mooney criticised the dispatch of APs to all maternity calls. The Chair indicated that this was an issue for the priority dispatch committee.

Shane Mooney asked that considerations be also given to the transportation by ambulance to Medical Assessment Units (MAUs). The Chair indicated that this was a matter for future consideration and not within the current ambulance transport to LIUs discussion.

4.2 Clinical Care at Events

The Chair informed the group that there was a lack of understanding of the role of clinical care at events.

Neil Reddy, Rory Privet and Joe Mooney agreed to be part of the sub group. Ray Carney, who has undertaken research in this area, was recommended as an external sub group member.

Neil Reddy asked that all correspondence relation to this topic be made available to the group.

5 Practitioner queries re CPGs and medications

The Chair gave a history of an issue raised by a GP in regard to the transportation of a patient who the practitioners and Gardaí deemed to be lacking capacity and refused to compel to transport.

A discussion ensued regarding consent, competency and legalities.

The Chair questioned if the individual case should be discussed by MAC. Martin O'Reilly indicated that the CPG has been questioned whether it authorises the use of restraint or force. He asked for clarity on this.

A directive issued by Cathal O'Donnell to NAS Staff was discussed. David Hennelly explained that the aim of the directive was to minimise the instances of a practitioner not treating a patient out of fear of consequences. Gerry Bury asked that the NAS consider removing the words "without their consent" from the directive.

Gerry Kerr indicated that he did not think there was any difficulty with the wording of the NAS directive.

Brian Power indicated that advice needs to be issued to practitioners as currently this grey area.

The Chair suggested developing an incapacitated patient CPG. David Hennelly suggested that this is a conduct issue for practitioner rather than something that should be catered for in a CPG.

Barry O'Sullivan will revert to the doctor involved to confirm that the CPG does not allow a patient to be compelled to travel or treated against their will. Mark Doyle agreed that that

this was a difficult area, however appropriate care being provided, with the best interest of the patient at the forefront, will rarely result in legal action.

6 Verification of Death

Brian Power introduced the draft (v0.2) verification of death policy with amendments from the previous meeting. Niamh Collins questioned the inclusion of checking for no heart sounds. This was determined to be a training issue.

Brian Power informed the committee that following agreement by MAC, this draft policy would be sent to the Dublin City Coroner for review and consultation would take place with An Garda Síochána prior to presenting the final draft version of the policy to Council for approval. Gerry Bury suggested that the ICGP also be informed of this development.

Resolution: That the Medical Advisory Committee recommend the draft verification of death policy to Council for approval, subject to consultation with the Coroners Society of Ireland beforehand.

Proposer: Conor Deasy
Carried without dissent

Seconded: Derek Rooney

7 Strategic Plan

Macartan Hughes questioned the remit of the PHECC in developing a Physicians Assistants role. The Chair indicated that he will bring this up at Council.

8 AOB

Barry O'Sullivan informed the committee that he has asked the C.P.R. in Limerick be tasked to give critical appraisal of the current CPGs. He suggested that 30 CPGs per annum would be critically appraised.

The Chair asked for the group's consideration to move the MAC meeting to a quarterly day long. This would give the sub group an opportunity to progress. There was general agreement that the meetings should continue on a monthly basis.

Adult Tachycardia CPG – 'cardioversion if someone is symptomatic – return loop' to be looked at the next meeting.

Ken O'Dwyer, questioned the value of needle cricothyrotomy, is this a worthwhile intervention as the likelihood is that the obstruction will be below the level of insertion. Niamh Collins suggested widening the indication for this skill and asked for clarity as to the type of cricothyrotomy (needle and/or wide bore). It was agreed that this issue be prioritised through the CPG development priority matrix.

Shane Knox requested that the CPG be hyperlinked particularly when request to 'go to' a specific CPG. Brian Power indicated that currently this was not feasible due to work commitments in the office, however it is a project that will be looked at when resources become available in the future.

Next Meeting will be Thursday 26th March.

Signed: N Collins Date: 26/3/15