

**Minutes of the Medical Advisory Committee
November 27th 2014, Osprey Hotel Naas, 10:00am**

Present

Mick Molloy (Chair)
David Hennelly
Joe Mooney
Shane Mooney
Gerry Bury
Neil Reddy
Shane Knox
Derek Rooney
Peter O'Connor
Martin O'Reilly
Ken O'Dwyer
Gerry Kerr

Apologies

Jack Collins
Rory Prevett
Cathal O'Donnell
Macartan Hughes
Declan Lonergan
Seamus McAllister
Conor Deasy
David O'Connor
Niamh Collins

In Attendance

Deirdre Borland
Barry O'Sullivan
Brian Power

1. Chair's business

The Chair reinforced the importance of the members engaging in the business of the committee, particularly in relation to the delphi.

The Chair also indicated that the Executive is currently without a Medical Advisor, as a temporary measure Mr Mark Doyle has been appointed by Council to the role. He asked the Committee to consider the Medical Director's role in engaging with MAC. Gerry Bury welcomed the appointment of Mark Doyle and welcomed his full engagement with the MAC. The other members present all echoed this sentiment. It was agreed that as Medical Advisor to the executive his active participation was welcomed and that he would be regarded as 'in attendance'.

2. Draft Meeting Report – Thursday 23rd October 2014

Resolution: That the meeting minutes of the Medical Advisory Committee meeting held on Thursday 23rd October 2014 be approved.

Proposer: Joe Mooney **Seconded:** Shane Mooney

Carried without dissent

2.1 Matters Arising

Ken O'Dwyer questioned the circulation of an interim directive regarding the transportation of potential spinal injury. Brian Power pointed out that there was a resolution at the last meeting authorising the circulation of an interim directive. Brian Power stressed the importance of members raising a concern prior to a resolution being passed as a resolution from MAC was a direction for the executive to act.

Martin O'Reilly questioned the appropriateness of specifying that 'the use of a spinal board was anything other than an extrication device'. He also raised a concern with a letter sent to the services regarding this issue in that it appeared to be retrospectively putting a directive in place.

The Chair indicated that there was no immediate requirement to change practice. Gerry Bury called for a clarification letter to be sent to the relevant organisations. He also stressed that defining standards of care as the 'gold standards' were aspirational and shouldn't distract from achievable acceptable standards of care. A discussion ensued regarding the issue of orthopaedic stretchers as transportation devices. David Irwin suggested that the directive to organisations only offered an alternative device, rather than replacing current methods.

It was agreed that a clarification letter be circulated, indicating that long board is acceptable for transport of query spinal injury and that a phased introduction of vacuum mattress for this purpose should be implemented.

The Chair raised the query as to the availability of research Journals.

Gerry Bury stated that he had made his concerns known to the executive regarding certain CPGs including V Tachy and Amiodarone administration prior to the September meeting. Barry O'Sullivan indicated that these items weren't discussed as Gerry Bury was not present at meeting, however Mark Doyle will link with him on the matter. With regard to the KPI report, Barry O'Sullivan informed the MAC that HIQA have not been provided with the complete paper, they have however been given the indicator domains which were then circulated to the MAC members at the meeting.

The Chair stressed the importance of putting more stringent conditions around the area of terms of engagement for research papers and indicated his disappointment of how this research was conducted.

2.2 Feedback from Priority Dispatch Committee on MACs recommendation re events

Brian Power informed the committee that the resolution from MAC that 'all transports from events contact ambulance control to make them aware of the transport'. The Priority Dispatch committee could not reach consensus around this subject and it will therefore be for discussion at the events sub group of MAC.

Neil Reddy gave a synopsis of the procedures his organisation follows when an ambulance leaves an event at which they are providing care. Neil Reddy agreed to be part of the events sub group arising out of his nomination at the previous meeting.

3. CPGs

3.1 MAC CPG Policy

The Chair outlined the proposed CPG development pathway. Barry O'Sullivan asked the committee to reflect on appendix C "Quality Assurance Criteria Rating Template" and at what point it should be included in the process. The Chair suggested that he would commit to verifying the process at the end stage of CPG development by using this template. It was agreed that there was no requirement for a rating system on the Quality Assurance Criteria Rating Template as a result.

Gerry Bury welcomed the proposed developments. He asked that a process for evaluating and updating CPGs be also developed. He stressed that updating CPGs be placed of paramount importance. He also indicated that any outsourcing of research be considered to be filled through a tender process. Barry O'Sullivan indicated that there would be no issue in tendering for the process of research and evaluation.

Brian Power confirmed that there is already a 3 year review cycle for all CPGs which has been adhered to. He also stressed that the National Clinical Effectiveness Committee specify that as part of guidelines development specific clinical audit tools should be developed also.

The Chair asked that when reviewing a CPG the existing one be shown alongside the updated CPG to assist with comparison. Gerry Bury asked that section 2 Rationale contain reference to provision of adequate, safe care and a new "2.3 within reason" the benchmark for CPG development will be safe effective care for patients.

In relation to the CPG Prioritisation Matrix it was agreed in section A to remove percentage figures and insert a statement on the condition being developed. A discussion ensued regarding section C level of distress of patient in section C.

Two new sections should be developed, Maintenance and Evaluation as additional steps in CPG development.

David Hennelly asked that any research carried out be made available in a database to the pre-hospital community. Barry O'Sullivan agreed that this was desirable but would be a goal for the future.

David Hennelly also asked that consideration be given to the process when a member raises a concern regarding a CPG, potentially dedication an agenda item at each meeting. Barry O'Sullivan indicated that CPG maintenance will be included in the policy.

Derek Rooney questioned the levels of the evidence based criteria.

4. Transport to local Injury Units by ambulance – see EMP, A strategy to improve safety, quality, access and value in Emergency Medicine in Ireland, Appendix 3

Brian Power informed the committee that the Minister for Health, during a recent visit to PHECC, has indicated that ambulances should not bypass local injury unity if they have a patient with an injury that can be catered for adequately more locally. Brian Power referred to an extract from the Emergency Medicine Programme which list conditions that can be appropriately treated at a local injury unit.

Following consideration a consensus was reached to engage with the Emergency Medicine Programme on this issue. Gerry Bury cautioned against the potential media scrutiny around this issue. There was agreement that that the Minister should be advised accordingly. Martin O'Reilly questioned the ability of local injury units to accept these calls.

David Hennelly indicated that this would lead to procedural changes for the National Ambulance Services. He suggested that a working group incorporating the emergency medicine programme and statutory services be established.

5. Practitioner queries re CPGs and medications

5.1 Therapeutic hypothermia – Delphi report.

The results of the Delphi process regarding therapeutic hypothermia was presented. Gerry Bury referred to the research papers he referenced in his Delphi response. He asked that as a matter of urgency post ROSC cooling of adult and paediatric cases be ceased with immediate effect.

The Chair stated that the process of how to withdraw a CPG should be specified. Brian Power stressed that the CPG does not need to be withdrawn as other elements of the management of ROSC patients need to be in place, however the cooling element could be ceased through an interim directive while an updated CPG was developed.

David Hennelly indicated that should a clinical advisory be issued, a post ROSC checklist could be followed. Dave Irwin cautioned that a directive to cease cooling may lead to practitioners raising the temperature.

Resolution Issue an interim directive indicating active cooling all patients' post ROSC should cease, however warming of these patients should be prevented.

Proposed: Gerry Bury **Seconded:** Peter O'Connor.

Carried without dissent

5.2 Legal opinion on patient sedation.

The Chair gave a brief background to the legal opinion contained in the papers. Gerry Bury indicated that the main issue is that if a patient refuses care, the practitioner is directed to administer IV medications. He indicated that this is ethically unacceptable.

This CPG has been in circulation since 2008 and as there was no agreement on updating the CPG stood. Gerry Bury indicated that it was his belief that this was never implemented. He called for the CPG to be removed with immediate effect.

The Chair stressed that there are times where MAC must put the outcome of the patient to the forefront. He acknowledged that this is a difficult area but should not be ignored.

A discussion ensued regarding the merits of withdrawing or amending and maintaining this CPG.

It was suggested that removal of the administration of midazolam or lorazepam be replaced with "request medical oversight".

Shane Mooney asked that a box, reminding practitioners to remove themselves from the situation should they be in a position where they are at risk, be inserted.

Resolution: Issue an interim directive on the Mental Health CPG at AP level directing the removal of sedation and to consult with Medical oversight should the need arise.

Proposed: Gerry Kerr

Seconded: David Irwin. Carried without dissent

6. Verification of death by paramedics and advanced paramedics

Brian Power gave an introduction to the background to this piece of work. Gerry Bury questioned the source of the legal opinion, Barry O'Sullivan stated that legal advice from McDowell Purcell will be presented at a future meeting. Gerry Bury asked the Medical Council be contacted to seek their opinion. He questioned the training and experience of paramedics and APs in relation to verifying death.

A discussion ensued surrounding local practice regarding this issue. The Chair suggested the removal of the requirement to inform GP from the form. He asked that suggestions be submitted prior to the next meeting.

This will be revisited at a future meeting.

A draft leaflet on bereavement designed by Rory Prevett was included in the meeting paper.

7. KPI Update

See 2.1 above

8. A.O.B

8.1 An email was presented from a GP regarding a patient without capacity who refused ambulance transport and subsequently was admitted to ICU and is critically ill. The patient's GP is questioning why the Paramedic did not initiate transport using reasonable force. The GP quoted the behavioural emergency CPG. Martin O'Reilly informed MAC that a directive was issued to NAS staff permitting the transportation of patients who lack capacity. It did not authorise the use of force.

It was also noted that members of An Garda Síochána who were present did not exercise their power to use reasonable force. This issue will be discussed at the next MAC in more detail.

8.2 Gerry Bury raised a concern that the IO access statement included in the Medication Formulary of the 2014 edition CPG was too restrictive as cardiac arrest was the only condition specified. The Medical Advisory Committee agreed that this was too restrictive and that a new statement, as outlined, should be issued. The 2014 CPGs will be amended to reflect the following statement;

'IO access is authorised for advanced paramedics for life threatening emergencies (or under medical direction)'

8.3 The Chair thanked the members present for their contribution and wished everyone a happy Christmas. The next meeting will be held on Jan 29th 2015.

Signed: _____



Date: _____



