

Medical Advisory Committee

Meeting Minutes

30th May 2019, PHECC office @ 10:00am

Present

David Menzies (Chair)
David Irwin (Vice Chair)
Philip Darcy
Ian Brennan
Shane Mooney
Martin O'Reilly
Eoghan Connolly
Niamh Collins
Macartan Hughes
Peter O'Connor
Stanley Koe
Cathal O'Donnell
Jason van der Velde
David Hennelly
Shane Knox

Apologies

Lisa Cunningham Guthrie

Absent

Mark Dixon
Hillery Collins
Gerard Bury

In attendance

Brian Power, PHECC PDO
Ricky Ellis, PHECC PDO
Margaret Bracken, PHECC Committee Officer
Ray Carney (agenda item 6.1 PHECC Field Guide)

Teleconference:

Mick Molloy

1. Chair's Business

The meeting was chaired by arrangement by the Vice Chair until the arrival of the Chair. The Chair attended via teleconference on route to the meeting. The Vice Chair welcomed the members. Apologies were noted. It was noted that, as agreed at the April MAC meeting, this meeting will focus on the new field guide, 'pre-hospital emergency care practice for Ireland' definition document, core and non-core CPGs, revised and amended Tachycardia CPGs.

Mick Molloy attended via teleconference and was absent for agenda items 1, 2, 3, 4 and 7.3. David Hennelly and Eoghan Connolly were absent for agenda items 1, 2, 3, 4 and 7.3. Stanley Koe was absent for agenda items 5, 7.1, 7.2, 7.4 and 10.

2. Minutes from April 2019 meeting

The minutes of the meeting held on 25th April 2019 were reviewed. Some amendments were highlighted and agreed by the members.

- Agenda item 4.1 NIV for asthma and Exacerbations of COPD
The word 'recommendation' to be replaced with 'proposal';

- Agenda item 5.2 Pre-hospital emergency care practice for Ireland
add 'for pre-hospital practice' and delete 'in this regard' in relation to 'medical practitioners, nurses and midwives.'
- Agenda item 6.3 CPP – IO access & analgesia
add 'in the East' prior to 'practitioners' and replace 'trained' with 'familiarised'.
- Agenda item 9.1 COPD report
replace 'include CPAP mask' with 'consider a review of the evidence for non-invasive ventilation'.

Resolution: That the Medical Advisory Committee approve the minutes of the meeting held on 25th April 2019 subject to agreed amendments.

Proposed: Peter O'Connor
Carried without dissent

Seconded: Shane Mooney

2.1 Matters arising

Agenda item 6.1 Pre-alert guidelines

Niamh Collins advised that the list of specific clinical conditions requires further discussion with a view to possible additions to the list.

3. Clinical Queries

There were no clinical queries for discussion.

4. Correspondence

There was no correspondence for discussion.

5. MAC Strategy 2017-2020

5.1 Pre-hospital emergency care practice for Ireland

Following discussion at the April MAC meeting, amendments were agreed to the draft document 'Pre-hospital emergency care practice for Ireland'. Revised draft document was included in the meeting papers for discussion. Jason van der Velde provided the background stating that the document aims to define pre-hospital emergency care at events and standardise pre-hospital clinical level of care terminology in Ireland. Cathal O'Donnell expressed concern stating that the document does not specifically refer to events and he sought clarification on the purpose of the document. He questioned if it is intended to be used as a standard. He commended the draft document advising that it needs to be made clear what the intention of the document is. He suggested two separate documents, one for events and one for non-events. Martin O'Reilly concurred with Cathal and he suggested the triple lock system for practitioners be added. Brian Power advised that there is no clear definitive process regarding definitions.

Jason advised that clear definitions of pre-hospital emergency care at events is needed. He stated that clear definitions of where doctors, nurses and physiotherapists fit into this framework is a necessity, and practitioners need to know who to go to for guidance at events. He suggested that this document could link eventually into the priority dispatch standard and could be referenced when developing other standards. The Chair stated that the document could be incorporated into the Governance Validation Framework. Mick Molloy stated that the draft document as presented is a discussion document and is not intended as a standard for events. He advised that presently there is no real guidance for practitioners at events and a definition document will ensure all clinical people at events are cognisant in the skills required. David Hennelly remarked that the document will benefit the service by distinguishing roles at events. Shane Mooney agreed noting that a lack of understanding of roles complicates things.

The members reviewed some of the draft document and further amendments were agreed.

The title of the document to be amended to 'Pre-hospital care practice definitions in Ireland'.

1. Purpose:

Amend to; 'This document aims to define pre-hospital emergency care and pre-hospital clinical levels of care nomenclature in Ireland.'

3. Legal framework:

Move to the Appendix

4. Scope: Delete

5. Pre-hospital emergency care definition:

(i) PHECC Practitioners; add 'Triple Lock' requirements

(ii) Practitioners other than PHECC Practitioners; add 'as determined by the regulator in conjunction with PHECC'

(iv) Dispatcher Responders; amend to 'Dispatcher Responders/Practitioners'

6. Amend heading to; 'Clinical Care levels'

6.1 Add 'Bystander Support'

Brian Power will make the agreed amendments to the draft document for further review at the June MAC meeting.

6. Clinical Developments

6.1 PHECC Field Guide and App

Draft PHECC Field Guide 2017 was included for review of clinical content. Ray Carney, Project Lead, joined the meeting and explained the development process of the new PHECC field guide and App to the members. A comprehensive survey of registrants was carried out by PHECC on the previous field guide and content suggestions were received and developed. A focus group was formed comprising of practitioners from across all clinical levels and services who reviewed the feedback. A publishing designer was selected for the Field Guide to assist with the printed version. Based on feedback received from practitioners the draft document has been further updated. There was a soft launch of the field guide App in April which was focused on technology rather than content. Some minor changes were made by the

developer, and the App is ready to launch subject to final approval. The field guide will be proof read by an independent expert, particularly for the accuracy of the medication doses, following feedback from the MAC and prior to publication.

Some members relayed, based on feedback they have received, that there is a strong preference among practitioners for an electronic version and also a hardcopy version of the field guide. The Chair expressed his concern that the MAC have had no prior input into the review of the new field guide. He advised that due process must be followed, and the field guide must reflect the current CPGs. Niamh Collins acknowledged and commended Ray Carney and the focus group on the significant work carried out on this project.

The MAC reviewed some of the field guide and some amendments were agreed. Brian Power informed members that he is waiting on a definition on STEMI from the ACS Programme which will be added. Philip Darcy committed to review the section on poison care. Stanley Koe committed to review the paediatric section. Ray Carney will make the amendments as agreed to the field guide 2017 for further review at the June MAC meeting.

7. CPG Development Process

7.1 Core and non-core CPGs

This agenda item was deferred to the June MAC meeting.

Following amendments agreed at the April MAC meeting, Brian Power revised the Tachycardia, Adrenal Crisis, and Stridor CPGs. Revised draft CPGs were included in the meeting papers for review. Some further amendments were suggested and agreed to the Tachycardia CPGs and Adrenal Insufficiency – Paediatric CPG.

7.2 Tachycardia CPGs

David Irwin highlighted the changes to the Tachycardia CPGs. Jason van der Velde commended David on his excellent work on the CPGs.

All abbreviations are to be changed to full words throughout.

CPG 5/6.4.12 Tachyarrhythmia Overview

- Black box - close bracket '(Excluding Sinus Tachycardia)'
- Purple boxes - reduce font size and use full words (not abbreviated)

CPG 5/6.4.x Tachyarrhythmia Narrow QRS / Regular Rate

- Black box - close bracket '(Excluding Sinus Tachycardia)'
- Reduce font size – 'Responsive & Stable; Responsive & Unstable; Unresponsive & Unstable'
- Delete closing bracket – 'If Cardioversion is unsuccessful escalate energy by 50 J'
- Delete box; 'If initial Adenosine unsuccessful repeat at 12 mg x 2prn Max'
- Add box; 'If unsuccessful Consider Adenosine 12 mg IV'

CPG 5/6.4.xxx Tachyarrhythmia Wide QRS / Regular Rate

- Reduce font size – ‘Responsive & Stable; Responsive & Unstable; Unresponsive & Unstable’
- Delete closing bracket – ‘If Cardioversion is unsuccessful escalate energy by 50 J’
- Underneath ‘Unresponsive & Unstable’; lengthen arrow and move boxes down to line up with ‘Responsive & Unstable’

CPG 5/6.4.xxxx Tachyarrhythmia Irregular Rate

- Black box – delete comma after ‘Irregular’
- Reduce font size – ‘Polymorphic V.Tach/Torsade de pointes; Responsive & Unstable; Atrial Fibrillation (as a cause)’; use full words (not abbreviated)
- Underneath ‘Atrial Fibrillation (as a cause)’ add diamond with yes and no arrows; ‘Unstable adverse signs’
- Delete closing bracket – ‘If Cardioversion is unsuccessful escalate energy by 50 J’

Brian Power to amend the draft Tachycardia CPGs as agreed and send revised CPGs to the Chair and Vice Chair for final review. It was agreed that following approval from the Chair and Vice Chair the Tachycardia CPGs will be recommended to Council for approval.

Resolution: That the Medical Advisory Committee recommends CPGs 5/6.4.12 Tachyarrhythmia Overview, 5/6.4.x Tachyarrhythmia Narrow QRS / Regular Rate, 5/6.4.xxx Tachyarrhythmia Wide QRS / Regular Rate, and CPG 5/6.4.xxxx Tachyarrhythmia Irregular Rate, to Council for approval subject to the changes agreed.

Proposed: Jason van der Velde
Carried without dissent

Seconded: Shane Mooney

7.3 Adrenal Crisis CPGs

CPG 5/6.4.13 Adrenal Insufficiency – Adult

The members agreed that CPG 5/6.4.13 Adrenal Insufficiency – Adult be recommended to Council for approval.

Resolution: That the Medical Advisory Committee recommends CPG 5/6.4.13 Adrenal Insufficiency – Adult to Council for approval.

Proposed: Jason van der Velde
Carried without dissent

Seconded: Niamh Collins

CPG 5/6.7.30 Adrenal Insufficiency – Paediatric

Stanley Koe provided an update. Following concerns he expressed at the March MAC meeting regarding the dose of 50 mg Hydrocortisone IV/IM for 6-month olds he sought advice from the Children’s Hospital. Based

on the advice from the Children's Hospital the MAC agreed to amend the doses of Hydrocortisone as follows.

≤ 11 mths: 50 mg

1 – 5 years: 75 mg

≥ 6 years: 100 mg

Stanley to send references from the Children's Hospital to Brian Power for inclusion on the Paediatric CPG. Brian Power to amend Hydrocortisone IV/IM doses to align with the Children's Hospital doses. Revised CPG 5/6.7.30 Adrenal Insufficiency – Paediatric to be recommended to Council for approval.

Resolution: That the Medical Advisory Committee recommends CPG 5/6.7.30 Adrenal Insufficiency – Paediatric to Council for approval subject to the changes agreed.

Proposed: Stanley Koe
Carried without dissent

Seconded: Jason van der Velde

7.4 Stridor

Deferred to the June MAC meeting. Evidence on humidified O₂ to be sought.

8. Clinical Practice at Events

There was no update.

9. External communications, consultation, feedback

There was no update.

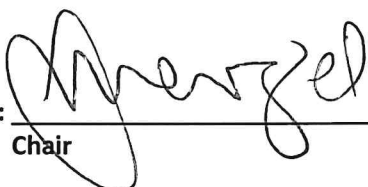
10. AOB

10.1 Cathal O'Donnell requested an update on treat and refer. The Chair relayed that all Strategic Development Committees will provide an update at the September MAC meeting. Cathal advised that treat and refer needs to be prioritised.

10.2 David Irwin informed the members that an unofficial field guide App created by a paramedic intern is in public circulation. Brian Power advised that the individual did not make any contact with PHECC and does not have copyright for the App.

There being no other business the meeting concluded at 16:00 approximately. The next meeting of the Committee will be at 10:00am in the PHECC office on Thursday 27th June 2019.

The Chair thanked all present for their attendance.

Signed: 
Chair

Date: 27.7.19