Medical Advisory Committee

Meeting Minutes 27th August 2020

Online and PHECC Offices @ 10:00am

Video Conference
David Menzies (Chair)
David Irwin (Vice Chair)
David Hennelly
Cathal O'Donnell
Ian Brennan
Stanley Koe
Shane Mooney
Hillery Collins
Martin O'Reilly
Niamh Collins
Mick Molloy
Jason van der Velde
Lisa Cunningham Guthrie

Apologies
Eoghan Connolly
Peter O'Connor
Philip Darcy
Macartan Hughes

Non-Attendance
Mark Dixon
Gerard Bury

In Attendance
Ricky Ellis, PHECC Programme Manager,
Margaret Bracken, PHECC Committee Office
Brian Power, guest of Chair (VC)

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1. Chair's Business

The Chair welcomed everyone to the meeting noting apologies received. Brian Power was in attendance as an invited guest of the Chair for his expertise on the agenda items to be discussed. The next scheduled meetings of the Committee are 24th September and 26th November. The Chair suggested an additional meeting on 29th October to the agreement of the members, the aim being to finalise the 2020 suite of CPGs for publication and release before the end of 2020.

2. Minutes from June 2020 meeting

The minutes of the meeting held on 25th June 2020 were reviewed and approved.

Resolution: That the Medical Advisory Committee approve the minutes of the meeting held on 25th June 2020.
Proposed: Shane Mooney **Seconded:** Ian Brennan
Carried without dissent

2.1 Matters arising

It was agreed that any matters arising from the minutes will be discussed at the September MAC meeting. As stated by the Chair, this present meeting will focus on the treat and refer CPGs, Community Paramedic and Critical Care Paramedic.

3. CPG Development Process

Ricky Ellis, PHECC Programme Manager, provided an update. An expression of interest for a non-clinical pre-publication review of the CPGs has been uploaded to the PHECC website. This will be an external and independent review conducted by PHECC Tutors which will ensure the content is free from language errors and identify the differences between this new edition and the current one (Feb 2018) and any required updates to the medications and skills matrix. This project will be completed within a specific timeframe.

PHECC will supply the structure for reporting findings and will supply reference documents electronically. The review will also collect data that will inform the publication and provide important feedback to the MAC for future development. Two practitioners at each clinical level are required and a person to work with the PM in a quality role. The interview process will take place next week. An expression of interest will be issued shortly to revise and develop the medication formulary that will support the next edition of the CPGs. The 2020 suite of CPGs have a new index and categorisation system, as previously agreed by the MAC, and the work has been done to re-align the current CPG categorisation system from the existing (9 sections) to the new index (17 sections).

The Chair stated that the CPGs, which have been approved by Council and are ready for release, have been put through a rigorous review process by the MAC, and there will be no further changes to these CPGs unless significant issues arise. Following preparation of the review and verification material the MAC will be provided with a pre-publication draft of the full suite of the 2020 CPGs for information. This will provide the MAC with an opportunity to identify and address any issues if they arise. The Chair stressed and cautioned that the pre-publication draft is for MAC members only and not for circulation outside of the MAC for any other purpose.

3.1 Treat and Refer CPGs

Following discussion and changes agreed at the July MAC meeting, Brian Power amended the CPGs accordingly. Revised drafts were included in the meeting papers for further review. The Chair thanked Brian for attending the meeting and commended him on the treat and refer CPGs, which Brian developed based on his own research. The members concurred.

A discussion ensued. The lack of defined clinical care pathways was noted as per previous discussions. It was stated that clinical care pathway options can be expanded and modified as other services come on board. The efficacy of using the MEWS score instead of the REMS score was questioned. Some members noted their uneasiness to using the REMS score citing possible issues in the future. Brian advised that he would not recommend the MEWS score at this stage as it is very low in terms of sensitivity and specificity. He provided the rationale for using the REMS score stating that the REMS can be validated and can have benefits across the board for all pre-hospital emergency care. The Chair stated that the REMS provides a safety net in addition to other inclusion criteria as opposed to being the sole determinant of patient suitability for treat and refer.

* Hillery Collins, Mick Molloy, David Hennelly and Shane Mooney joined the meeting. Ian Brennan left the meeting.

The following changes were agreed to all CPGs:

- Change from ‘Treat & Refer’ to ‘Non-conveyance’ on title and throughout
- Add red box to generic CPG ‘Clinical Care Pathway Decision’ and remove from all other CPGs; ‘If the patient expresses a wish to attend an Emergency Department and is deemed suitable for non-conveyance arrangements may be made for transport to ED by other than ambulance’

Additional amendments were agreed to the following CPGs.

6.17.1 Clinical Care Pathway Decision

The generic patient inclusion criteria were discussed. The age criteria of ≥ 18 and whether this should be reduced to 16 was considered. It was suggested that a Paediatric CPG be drafted. The consensus was that it would be better to start with 18 as the cut-off for now rather than delay in trying to refine further.

Future revisions of the non-conveyance CPGs will be possible as experience with them builds.

- It was advised that a medical practitioner is not always present to physically assess patients. It was agreed that, in the best interest of patients, to add 'shared decision making' to the CPG.
  'A shared decision should be agreed if a medical practitioner is present in relation to transport/non-conveyance'
- Delete diamond 'Patient refuses treatment and/or transport'

6.17.2 Hypoglycaemia

- Change 'Previously diagnosed with diabetes' to 'Diagnosed with diabetes and on treatment'
- Change 'Complete a 12 lead ECG' to 'Abnormalities on 12 lead ECG; add 'Yes' arm and add 'Go to ACS CPG'
- Remove brand name and add generic drink to read; 'Ensure patient consumes both quick (sweetened drink, fruit juice or sweets) and longer acting (bread, toast, biscuits) carbohydrates'

6.17.3 Isolated seizure

- Change 'Previously diagnosed with epilepsy' to 'Known epilepsy'
- Change 'Complete a 12 lead ECG' to 'Abnormalities on 12 lead ECG; add 'Yes' arm and add 'Go to ACS CPG'
- Replace 'Rule out vertebral fracture' with 'Consider seizure related injury'
- Specific seizure exclusion list - add a new point '15. Alcohol related seizure'

6.17.4 Toothache

- Change 'Complete a 12 lead ECG' to 'Abnormalities on 12 lead ECG; add 'Yes' arm and add 'Go to ACS CPG'
- Delete red box – 'Toothache pain differential while toothache pain is described as localised, intense, dull and throbbing, neuropathic pain presents as burning, tingling, stinging, electrical, piercing, cutting, or drilling'
- Specific toothache exclusion list - change point '2. Inability to swallow (Ludwig's angina)' to read; 'Difficulty swallowing or talking and/or drooling (Ludwig's angina)'

6.17.6 Minor wounds

- Add 'Examine' to read; 'Examine, clean and dress wounds'
- Specific minor wound exclusion list - add a new point '15. Glass induced wounds'

6.17.7 Non-injury following trauma

- Specific non-injury exclusion list – add a new point '7. Suspected abuse'

6.17.8 Mild Bronchospasm

- Remove 'Previously' to read; 'Diagnosed with asthma'
- 'Salbutamol, 100 mcg, Aerosol' change '(repeat prn x 11)' to ('repeat prn x 2)'
- Specific mild asthma exclusion list:
  - Point 7. Add 'after treatment' to read; 'Respiration rate ≥ 25 breaths/minute after treatment'
  - Point 9. Add 'before treatment' to read; 'Inability to talk in sentences before treatment'

Brian Power will make the amendments as agreed to the CPGs. Revised drafts will be further reviewed at the September MAC meeting.

3.2 Palliative Care

Following discussion at the June MAC meting it was agreed that the Chair correspond with the Medical Directors of NAS and DFB and engage with and seek advice from the Palliative Care Framework. The Chair relayed that he has engaged with the Palliative Care Framework and will progress with correspondence to NAS and DFB with a view to both stakeholders adopting the CPG in the future. He stated that, as previously agreed, the Palliative Care CPG remains a non-core CPG.

3.3 Pain Management - Adult and Paediatric

3.4 Sepsis and Septic Shock – Adult and Paediatirc

3.5 Traumatic Cardiac Arrest - Adult

3.6 Stridor - Paediatric

3.7 Procedural Sedation/Analgesia - Adult and Paediatric

3.8 Poisons - Adult

Following review and amendments made at the June MAC meeting, draft CPGs (agenda items 3.3 to 3.8) were recommended to Council for approval at their July meeting. Council approved the CPGs, as included in the meeting papers for information.

4. MAC Strategy 2017-2020

4.1 Community Paramedic (CP)

'The introduction to Community Paramedicine into Ireland' final report was included in the meeting papers. The Chair commended Hillery Collins and the subgroup on such an excellent and thorough report. Hillery Collins, Chair of the CP subgroup provided an overview. The Community Paramedicine programme is recommended to be a three-year programme, and an essential entry criterion is an experienced practitioner with a certain number of years' service. The entry level can be Advanced Paramedic or Paramedic with the proviso that Paramedics are brought up to Advanced Paramedic level over the course of any approved programme. This is an opportunity to develop an expanded model of care that serves the patient and the entire healthcare sector.

Following discussion, the Committee agreed to recommend the report to Council subject to amendments to recommendations 6, 7 and 12. Following Council approval, the document will be advanced to a Community Paramedicine PHECC Standard and CPGs will be developed.

- Recommendation 6: include 'As' at start of sentence and include 'other existing community-based participants' to read; ' As there is limited experience of Community Paramedicine in Ireland the experience of the role resides with those stakeholders involved in the CAWT funded pilot project and other existing community-based pilot project participants.'
- Recommendation 7: include 'other existing community-based pilot project participants'
- Recommendation 12: amend 'role' to 'roll'

Brian Power will make the amendments to the report as agreed.

Subsequent to discussion, the following resolution was passed.

Resolution: That the Medical Advisory Committee recommend to Council for approval, that the report 'The introduction of Community Paramedicine into Ireland' be adopted as a MAC document, subject to the changes agreed.
Proposed: Shane Mooney **Seconded:** Mick Molloy
Carried without dissent

4.2 Critical Care Paramedic (CCP)

'Critical Care Paramedic PHECC Standard' was included in the meeting papers. The members commended Ian Brennan, Chair of the CCP subgroup, and the subgroup members on an excellent piece of work. In the absence of Ian Brennan, David Hennelly provided an overview. He advised that the standard will need to be reviewed and supported by the Education and Standards Committee.

* Mick Molloy left the meeting.

Timeframes, competencies and skills, and stakeholders were discussed. It was noted that the high level of competencies and skill set required may provide significant challenges for candidates. It was advised that standards need to be set very high and attaining every competency autonomously may not come for everyone or may come later in the training. It was noted that the PHECC Advanced Paramedic education and training standard already sets out the competencies required. It was stated that critical care paramedicine won't be common practice and will apply to a small cohort of competent, skilled and experienced practitioners in advance care in a pre-hospital setting. Critical Care Paramedicine will be progressed with appropriate support from physicians. There is scope for variations in practice between different practitioners and the education and governance that each system provides differs.

Subsequent to discussion, the following resolution was passed.

Resolution: That the Medical Advisory Committee recommend the 'PHECC Standard for Critical Care Paramedic' as the updated PHECC Standard, to Council for approval, and to progress discussions with stakeholders and the Education and Standards Committee.
Proposed: Cathal O'Donnell **Seconded:** Hillery Collins
Carried without dissent

5. AOB

There being no other business, the meeting concluded at approximately 1pm.

The Chair thanked everyone for attending.

The next online MAC meeting will be held on Thursday 24th September 2020.

Signed: _____ **Date: 24th September 2020**
Chair