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Governor

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Acting Commissioner

MICU ADVISORY COUNCIL
June 12, 2000
MINUTES

Call to Order: (Dr. Nevins) The meeting was called to order at 10:15 a.m.

Approval of Minutes: The minutes of the March 13, 2000 meeting were approved as submitted.

Rapid Sequence Intubation: (Dr. Waxler) The committee met approximately two weeks ago and was able to put together a 1 day training program. The committee basically took Virtua's program and expanded upon it. It will contain four hours of didactic training with two hours of hands on station training. There are a variety of hands outs available discussing RSI and the training program that were made available for the meeting. On June 23, 2000 there will be a meeting at Robert Wood Johnson for a final curriculum review. The program will include a 20-question test, outline, and a train the trainer program. The committee is also planning on having 1 or 2 statewide training programs per year. This program will be elective and will include Succinylcholine, Vecuronium, Etomidate, and Ketamine as new medications. There will be a vote on the final curriculum at the next MICU Advisory Council meeting.

Introduction of Deputy Commissioner: (Dr. Nevins) Dr. George DiFerdinando, the new Deputy Commissioner, Department of Health and Senior Services was introduced.

Medications and Devices (Dr. Lahita) The items for discussion are the RSI medications and devices. It took this committee approximately 1½ years to get approval for Versed; we hope to get these new medications and devices approved today. Dr Gluckman presented the following two medications.

Etomidate is the best general, overall agent. It is related to Barbiturates, has a 30-60 seconds onset time, induces deep sedation, and has a short duration of action. It has the following side effects: myoclonus (clinically insignificant), decrease in cortisol production, further decreases blood pressure in patients with hypotension, and decreased intracranial pressure. This would be an induction agent. A motion was made to add Etomidate to the elective list for use as an induction agent in RSI. This motion was approved unanimously.

Ketamine is related to PCP and is currently used in pediatric sedation. There is no age restriction on its use. It has amnesic and analgesic properties. It has a 60-120 second onset time, with a duration of action of 10-30 minutes. Positive side effects include: hypertension, increase in catecholamine release, bronchodilatation. Negative side effects include: increase in intracranial pressure (therefore contra-indicated in head injuries), an emergence reaction of possible hallucinations (this can be attenuated by the use of versed), and laryngospasm (this can be offset by use of a paralytic). A motion was made to add Ketamine to the elective list for use as an induction agent in RSI. This motion was approved.

Cricothyrotomy is a skill that will be needed as a third line airway. There are one-step cricothyrotomy kits that can be used in which a percutaneous needle puncture is made, followed by insertion of the catheter. A motion was made to approve a commercial percutaneous cricothyrotomy kit [currently available are Pertrach and Nu-trach], with appropriate training, as an airway of last resort. This motion was approved.

American Heart Association: (Dr. Hummel)

Dr Hummel was recognized by the group for having received the EMS physician of the year award. Lee Randall and Bill Tompson of the American Heart Association were introduced. The AHA currently has two major projects: OPERATION STROKE currently has two pilot projects in the state (Middlesex and Camden counties). This project is to increase the public awareness of the signs and symptoms of strokes. There are approximately 14,500 strokes/yr with 28% of the patients less than 65 years old. There are major healthcare costs for disability following strokes. The AHA would like the MICU's to take the message across the state and with the help of local BLS agencies encourage the use of 911 after recognition of the signs and symptoms of a stroke. OPERATION HEARTBEAT is a similar concept to Operation Stroke, but relates to cardiac arrests and public access defibrillation. There are currently four projects in the state (Bergen, Passaic, Camden, and Middlesex counties). There are approximately 4,000 sudden cardiac arrests per year with a 5-7% survival rate. The AHA is aiming for the 20% survival rate, which has been achieved in Seattle. The AHA would also like to see a change in the state regulations that only allows AED use over 12 years of age. The AHA recommends that this be changed to use in patients over 8 years of age.

MICU Future Planning: (Dr. Brennan)

RSI and its use in pediatrics was discussed. The committee decided to revisit that topic in a year. The committee also met with Dr. George DiFerdinando and he seems to be very committed to making the research consent issue a reality.

HCFA Update:(Dr. Nevins)

Since our last Council meeting the coalition has obtained the bi-partisan support from our Federal Legislators in its efforts to reach HCFA. The New Jersey State First Aid Council has been very helpful and committed to this effort. Approximately one month ago the coalition had a meeting in Washington D.C. We were able to get verbal consent to continue billing for a non-transporting ALS unit, but we will have to use the new rates arrived at in the negotiated rule making process. Therefore as of January 1, 2001 our system will not have to crash. However, there are significant concerns that the decreased reimbursement may not be adequate to support our system as it currently exists, especially, in more rural areas and areas with both paid BLS and ALS. The coalition still has work to do. Sue Caputo, Martin Hogan, and Dr. Pruden have done a lot of work and I would like to take this opportunity to thank them for their efforts.

Prehospital Research: (Dr. Melnick)

The Deputy Commissioner has indicated that he is willing to help push the legislative changes we are requesting.

Medications & Devices: (Dr. Lahita)

There a certain elective medications (a list was read) that very few projects are using. The medication committee would like to have a way of reevaluating the elective list of medications if projects are not using them. A motion was made that if a medication is carried by less than 15% of the projects; the involved projects' medical directors will be contacted and given the opportunity to respond, in writing, to the drug committee as to why the medication should remain on the elective list. The drug committee will then make a recommendation to this committee. The motion was approved.

The drugs Catopril and Atrovent have both been introduced to the committee and are now being researched.

Legislative Committee: (M. Hogan)

A resolution has been introduced in Senate and Congress supporting New Jersey's position relating to HCFA reimbursement. The State Senate and Assembly have both introduced bills mirroring the federal bills. The federal government comment period for the Safe harbor of ambulance restocking regulations ends on July 21, 2000.
A2575 and S120 - Requires hospitals and nursing homes to compile and provide certain staffing and patient care information to the public.
A316 and S991 - Requires health care facilities to monitor pain as fifth vital sign in patients.
A2218 and S1482 – Requires impact statements for any proposed regulation affecting volunteer ambulance squads and fire companies.
A2526 and S1386 – Provides for certification for emergency medical technicians to administer epinephrine.
A2566 - Provides for certification for emergency medical technicians, first responders and youth camp health directors to administer epinephrine.

Base Station Physician Education: (Dr. Waxler)

All directors and medical directors have received a copy of a sample NJ Medical Command guide. The committee plans on distributing the final version in a three ring binder, so that the book can be updated. The committee is waiting for the standing orders to be printed. It is also working with the New Jersey Network to produce the video. The next meeting will be immediately following this meeting. We are recommending that all base station physicians and nurses be signed off on this program every two years.

New Jersey EMS Council: (Dr. Pruden)

HCFA – The fire service may be looking at the non-transport ALS –1 (treat and release as billable) as an opportunity for them to begin charging for such services. NJ also needs to start looking at "Plan C," a plan for restructuring the New Jersey EMS system; this committee will be activated prior to the next Council meeting.
The 911 Commission is being reactivated in August, and in the new regulations, training for EM-D is going to be a requirement.
The State Police's 800 MHZ radio system is now available for statewide use.
OpSail will be held in New York City around July 4, and the State Emergency Operations Center will be opened from approximately 10 days prior to the event.
The EMT Training Fund Advisory Council still needs to accept LMAs as an adjunct to the training program.
Project Peace – Urban Search and Rescue facilities in New Jersey are going to be used to teach teams from other countries.
Physician reimbursement for trauma patients has been decreased by 20%, but the trauma council has gotten a verbal commitment that it will only impact non-trauma centers.
The currently non-reimbursable ETOH related felony accidents are in the process of becoming reimbursable.

New Jersey Association of Paramedic Programs: (M. Hogan)

The group recognized Louis Sasso, Terry Hoben, and Sally Hoben for receiving awards at the Annual State EMS Week Awards Dinner.
OpSail – Jersey City Medical Center is requesting that other projects assist them with staffing for this event.
HCFA – The Senate and Congressional Resolution introduced by NJ's federal legislators has put HCFA on notice of what the NJ politicians would like to see. There seems to be a lack of communication within HCFA, once we educate one representative, we have been finding another that has no idea what we had just told the other. We are starting our letter writing campaign, and I would like to take this opportunity to thank all the Program Administrators for their help in this initiative.

Helicopter Response Program: (Dr. Hummel)

We have one dedicated helicopter for OpSail.
The State is currently reassessing our funding situation and has allotted $7-8 million in order to purchase 2 new medium twin-engine helicopters.

OEMS Update: (G. Muench)

I would first like to introduce Bill Duffy as our new helicopter oversight person.
As of July 1, 2000 we will be starting to collect BLS data from the licensed services, we also have a sample Run Report available to all services.
We had our EMS Week – Awards Ceremony on May 18, 2000.
The MICU statistical report for 1999 is now done and available as a handout today.
CCTU – Darcy Saunders and Chuck McSweeney have been working hard on the draft regulations and are now done and in the process of being reviewed.
The State Police 800 MHZ radio system is going to be used at OpSail and is now also available to all MICU Dispatch Centers.

Education: (B. Dinetz)

OEMS has 156 AEDs available for distribution by a mini-grant program to first responder agencies. The grant should be administered in approximately six weeks.
The EMT – Training Fund Advisory Council is recommending that OEMS transition from the Atlantic EMS Council testing procedure to the National Registry. National Registry representative Mr. Dixon met with OEMS staff last Monday and also held regional meeting last week with very favorable responses**.** OEMS hopes to be using the National Registry process by the fall of this year. There are going to be a lot of "culture" changes, but we expect to end up with a better-trained EMT within three to five years.
The last Paramedic exam (19 practical exams) had a 78% pass rate (31% - 6 initial passes). There were two stations that had the worst results. Patient Assessment (25% failed) – many students exhibited robotic behavior (anticipating the wrong scenarios) and Seated Spinal (48% failed) – many students had inappropriate in-line stabilization, c-collar, and/or padding. The students need to be encouraged to work on and review their basic skills and overall assessment.

New business:

There will be a standing orders committee meeting on June 23 at 1:00 pm and a RSI committee at 9:00 am, both at Robert Wood Johnson.
The next meeting of the MICU Advisory Council will be on Monday, September 11, 2000 at 10:00 a.m. The next medical directors' future planning meeting will be immediately prior at 9:00 a.m.

The meeting was adjourned at 12:15 p.m.