



MEDICAL ADVISORY COUNCIL

KS Board of Emergency Medical Services

Date of Meeting: July 12, 2016

Minutes Prepared By: Joe House

1. Purpose of Meeting

- The purpose of this bi-monthly meeting was to discuss Kansas participation in the CARES Registry, to discuss and approve the MAC Position Statement in support of TPOPP, and to discuss a face-to-face meeting of the Medical Advisory Council.

2. Attendance at Meeting

<i>Members</i>	<i>Company</i>	
Dr. Ryan Jacobsen	MAC – Chair	Present
Dr. James Longabaugh	MAC – Vice Chair	Present
Dr. Dennis Allin	MAC Member	Present
Dr. Michael Machen	MAC Member	Present
Dr. Sean Herrington	MAC Member	Present
Dr. John Gallagher	MAC Member	Present
Dr. Joel Hornung	KBEMS Board Member	Absent
Deb Kaufman	KBEMS Board Member	
Joe House	KBEMS Executive Director	
Wendy Gronau	KDHE – Trauma program	
Other Unannounced Persons		

3. Meeting Notes, Decisions, Issues

- Review of Minutes from May 2016 MAC Meeting
 - No changes requested; Minutes approved
- Old Business
 - Privatization of CARES (Cardiac Arrest Registry to Enhance Survival)
 - Discussion was that the 848 cardiac arrest calls reported from KEMSIS during the last meeting included calls that would have been excluded from consideration for entry into the CARES registry. Joe House reran the numbers to reflect only those patients for which an AED was applied, CPR was performed, and/or defibrillation performed. This reduced that number to about 480 or calculated to approx. 0.6% of the total number of responses in the state. 0.6% of the state call volume is approximately 2,100 calls.
 - Dr. Gallagher noted that Sedgwick County's percentage along with the national



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percentage were closer to 1.0% of total responses. Dr. Jacobsen noted that Johnson County was closer to 1.0% of total responses as well. 1.0% of state call volume would be approximately 3,500 calls.

- Concern was still noted about the uncertainty of making a decision on undertaking entry for the remainder of the state calls when that number is still uncertain.
- Joe House provided that 27 of the 31 elements entered into the CARES registry could be made into state required NEMSIS data elements. This would mean that vendors and users submitting data to the state would be providing the data entry for the 27 elements during the completion of their PCR in order for it to be submitted to the state. It is noted that this data could be exported directly into the CARES registry via a NEMSIS export.
- Dr. Jacobsen will bring this discussion to the Executive Committee of the Board for possible ideas on how to proceed. All members in attendance felt it was a worthwhile cause and had benefits for participation.

- TPOPP Position Statement

- Dr. Jacobsen reported that Dr. Gallagher had drafted the provided MAC position statement to help clarify the role of the TPOPP form as a physician order and to help eliminate the confusion seemingly caused by AG Opinion 2015-01.
- In discussion, Joe House stated that he had received some phone calls about the last section starting with “Additional comment...” and that it seemed to provide legal advice, although that was clearly not the intent. Further discussion stated that this was a physician order, just like any other, and should be honored as would any other physician order received by a technician. There were no concerns expressed by the members in attendance.
- Dr. Allin felt that perhaps incorporating this into a model protocol or model policy would assist in better utilization by other medical directors and services.
- It was noted that the intent of the position was to help services, technicians, and their medical directors to understand that TPOPP is there to assist them with honoring the patient’s end of life decisions.
- A motion to approve the document as written was made by Dr. Allin and seconded by Dr. Longabaugh. No further discussion and no opposition noted. The motion carried.

- New Business

- Vacant physician position on Board

- Dr. Gallagher asked about the vacant position on the Board and the process for that position to be filled. The thought behind the question was that this is a physician member on the Board and this council is the physician group of the Board, so perhaps, this council should provide or support a



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5. Next Meeting

<i>Date:</i>	<i>September 13th, 2016</i>	<i>Time:</i>	<i>5:30 pm</i>	<i>Location:</i>	<i>Teleconference</i>
<i>Objectives:</i>	Discussion of CARES Registry involvement and possibility of recommending a physician member to the Board. Discussing a change in the MAC bylaws to accommodate different meeting format.				