

Medical Direction and Practice Board
19-December-2007
Minutes

In Attendance Members: Matt Sholl, Steve Diaz, Norm Dinerman (for Paul Liebow), David Ettinger, Kevin Kendall

In Attendance Staff: Jay Bradshaw (Director MEMS and Ops Rep), Dawn Kinney

In Attendance Guests: Ginny Brockway, Jeff Regis, John Brady, Jennifer Boyle, Joanne LeBrun, Doris Laslie, David White, Brian Chamberlin, Dan Batsie (Ed Rep), Jim McKenney (Board Rep)

Topic	Discussion	Action(s)
1) Introductions	None	None
2) Minutes from November 2007	None	Motion to Accept by Kendall, second by Ettinger, with unanimous approval
3) Legislative and Budget Update	Bradshaw gave us an update: Legislature with no department bills connected with MEMS; Budget with executive order from Governor Baldacci to reduce costs, and MEMS staff complying with reduction in office services. Diaz updated with Farm Bill which had direct funding EMS clause as rider—debatable favorable EMS impact, as issues of direct funding and utilization of existing grant funding streams as some of the confusion around the usefulness of the rider	None
4) Protocol Update	Some pieces for feedback presented: (a) Batsie presented that Education committee felt that it is a “cleaner fit” with OG tube, loproressor use and ipratropium use as paramedic level skills only. Much debate upon risk/benefit, education curriculum, and how to make measure changes. (b) Discussion then of picking one Levalbuterol dose rather than the 0.63 mg to 1.25 mg dose range. (c) Then an update by Batsie on the process Education has undertaken with support documents built from lesson plan, and support documents of medication changes, dosage changes, and accompanying powerpoint. Should be ready over the next few months and Sholl is working on powerpoint for Emergency Medicine Sugarloaf conference last week of February 2008 and then will go on Maine ACEP website (12 lead is separate, and under way). (d) presentation of LVAD addition to protocols in one of the early sections, with friendly amendment of pointing to this from the protocol area on patient centric devices. (e) Kendall presented that Quik Clot trial at animal lab with Peter Goth	(1) Motion by Sholl with second by Kendall to make OG tube placement, use of loproressor and use of ipratropium paramedic level skill only in 2008 protocol update—unanimous approval; (2) Motion by Kendall with second by Ettinger to change 2008 protocol update to have the 1.25 mg dose for levalbuterol—unanimous approval; (3) Motion by Dinerman with second by Kendall to adopt the following language in early section of 2008 protocol book: Left Ventricular Assist Device (LVAD): A device that is surgically implanted to bridge those needing left ventricular systolic function and typically a bridge to transplant (although used for chronic care as well). Inform OLMC as soon as possible when interacting with a patient with a LVAD, as diversion to a hospital with a higher level of care may be

	<p>was successful- he will rework Green 12 which is currently Amputations to make a hemorrhage control protocol which will incorporate the amputation protocol and use of quik clot. (f) Cyanokit pieces to come to MDPB January 2008. (g) Dinerman suggested that we may want to discuss a statewide database on special needs patients. Bradshaw commented that the ERR has a knowledge-based section which may accommodate that function. If using the ERR, then patients would need to sign a waiver allowing all EMS providers to see their data. Dinerman reiterated that this is a future thought type comment.</p>	<p>suggested. Direct contact with the cardiac service responsible for this patient is also suggested at the earliest possible moment. No cardiac arrhythmia should be treated if the LVAD is functioning, as judged by an audible sound or pulse, without medical control approval for any treatment. Be sure to bring the patient's batteries (including the 24 hour battery) and the large battery charger. Local EMS services may receive specialized training and protocol exemptions to extend help to these patients by working with regional EMS medical directors and MEMS—unanimous approval.</p>
5) DNR Issue	Batsie requested to table to January 2008 MDPB meeting	Tabled to January 2008 MDPB meeting
6) OLMC Update	Audio Tracks recorded and Busko merging the powerpoint with the audio tracks	Ongoing progress
7) MEMS QI Update	Discussion today at 1pm at MEMS QI on Mental Health Transfers with update numbers from Jeri Kahl based on LeBrun's metrics—Diaz did meet with Libby Mitchell and has joined a group discussion she is putting together around this; airway data also being perused today at 1pm during MEMS QI	None
8) MEMS Education Update	Previously presented protocols work. Accreditation meeting last cancelled due to weather and looking to meet over the next month	Ongoing progress on all fronts
9) MEMS Operations Update	Ongoing protocol review. New/ revised federal EMSC survey, that looks at OLMC, Protocols, and Equipment. Will be in format printed and regional offices will follow-up	None
10) Next Meeting January 16, 2008		