

Medical Direction and Practice Board
16-July-2008
Minutes

In Attendance Members: Tony Bock, Steve Diaz, Jonnathan Busko, Kevin Kendall, David Ettinger, Jay Reynolds, Tim Pieh, Matt Sholl

In Attendance Staff: Jay Bradshaw, Jan Brinkman (Ed Rep)

In Attendance Guests: Joanne LeBrun, Doris Laslie, Rick Petrie (Ops Rep), Butch Russell, Jeff Regis, David Robie, Tim Nangle, Mike Carroll, Tony Attardo, John Kooistra

Topic	Discussion	Action(s)
1) Introductions	None	None
2) Minutes May 2008	No discussion	Motion by Busko to accept; second by Sholl; unanimous approval
3) Region 5 Medical Direction	Dr. Reynolds is stepping down and Dr. Goth has been proposed. We thanked Dr. Reynolds and are excited with Dr. Goth's willingness to serve.	To MEMS Board September 2008.
4) Legislative and Budget Update	None	None
5) Diversion	Massachusetts has circulated a bulletin from their department of public safety regarding diversion of patients arriving in ambulances. Except for an internal disaster, this will not be allowed beginning January 1, 2009. This has been addressed by many organizations including the IOM, ACEP, AAEM to name a few and diversion is not without its risks. ED overcrowding is a system issue of patient care and "pushing" patients to another part of the system can cause delays in appropriate care as the major issue. This does not apply to destination protocols where patients with time sensitive issues or resource issues in a system have previously thought out and communicated to all involved a system for having patient destination proscribed based on patient physiology or where health systems work as a team to provide appropriate care beginning with EMS and the ED and progressing all the way through inpatient and post-acute care.	Full MDPB consensus that we should also adopt such a stand and we will start with this two-fold. First, a letter from Regional Medical Directors to all ED directors, EMS chiefs and services outlining the rules and regulations around diversion and how it is a request. Also, articulate our views to the MHA and MMA to see if they can also adopt such a position to help us perhaps adopt what Massachusetts has done. Busko and Diaz will take first pass at this letter.
6) Annual Goals	A) Diversion – see previous; (B) Communication – this is more of a system issue more than an MDPB issue; (C) Scheduling meeting chair meetings for all the MEMS subcommittees – this is a MEMS board issue more than an MDPB issue; (D) Disaster Protocols and Status of Immunization Program; (E) Specialty Programming; (F) More education for OLMC – three	Consensus around the items, to the MEMS board September 2008

	<p>parts here – (i) OLMC Online program very close to completion; (ii) October 11, 2008 NAEMSP conference for medical directors at MaineGeneral Medical Center, Thayer Campus, Dean Auditorium, Waterville, Maine; (iii) development of medical director course for Maine over next 2 years with goal of having this an ED provider requirement in 3 years;</p> <p>(G) Protocol QI – is there a way to appropriately look at the new protocols and see how the changes “are doing” – referred to MEMS QI committee;</p> <p>(H) Request for more education at MDPB – will begin one hour round tables at each MDPB meeting from 11:30 am to 12:30 pm;</p> <p>(I) Future Evolution of Protocols – we are at maximum book capacity, so how do we proceed to improve and change with the times and do we need a companion piece for the non-protocol pieces;</p> <p>(J) EMD – how is this evolving and what will be the MDPB and service medical director role – we will get Drexell to help us with this;</p> <p>(K) Continue Statewide HART committee participation</p>	
7) Immunization Program	This was previously approved and is active. We have not had any loop back to the MDPB. This is a program where paramedics can immunize active and licensed EMS providers providing direct patient care.	Requesting to come to MDPB September 2008 and Bradshaw will let Maine CDC know we will continue to have this in place for influenza season.
8) Destination Follow-up	Petrie and Diaz received info from Dinerman – they will need to flesh it out a bit	Still Pending
9) Specialty Program update	In Education	Pending
10) CPAP	Presentation September 2008 to close pilot project	None
11) Topic for September MDPB Round Table	Therapeutic Hypothermia to be presented as Round Table Discussion at September 17, 2008 MDPB from 11:30 am to 12:30 pm	None
12) MEMS QI	Today’s meeting will cover Mental Health Transfers, Airway QI, 12-Lead QI and Protocol QI	None
13) Ed Comm Update	The continued focus is on the Training Standards Manual (TSM). A subcommittee will be meeting on July 17, 2008 to work on the Self-assessment/Site visit document piece as well as a wordsmithing review of the whole document. The goal is to have the TSM document ready for presentation to the MEMS Board in September 2008.	None
14) Operations Update	Protocol rollout and Funding Discussion have been their prime focus – regions	None

	have disparate costs and Jay to take to the commissioner on Monday some work they are doing to outline their costs	
15) Intranasal Administration	<p>Question regarding using certain medications in an intranasal(IN) fashion – at this point, we cannot change the protocols. We are trying to get stabilized with what we have just introduced.</p> <p>If a paramedic feels that the intranasal option is the best option for a medication they have that medication as part of their EMS formulary, then they can talk to OLMC and if both are in agreement, the medication administration may take place knowing that they are working outside the protocol and thus not protected by Maine EMS for acting in this fashion. Document well if this is an agreement that is reached and we will be looking at IN for the next revision.</p>	Cannot change the protocols at this time.
16) Paramedic functioning in Intermediate Service	Discussion around an old issue of a paramedic working at a service that is only licensed or permitted to the Intermediate level – does the paramedic follow Intermediate or Paramedic protocols. We discussed the issues on both sides here, including have only limited functionality as a Paramedic so this would only apply to medications and not wanting to have Paramedics confused as to how they function depending on where they are if they have resources within their scope available to them.	Full consensus that Paramedics function as Paramedics even when their resources for medications are limited when they are working for an Intermediate Service but that Service QI should be involved in review of all such cases and we will look to have this reported back here in one year. Diaz and Bradshaw need to discuss the operational issues around this and then bring to MEMS QI.
10) Next Meeting: September 17, 2008		