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STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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04330

MICHAEL F. KELLY
COMMISSIONER

JAY BRADSHAW, EMT-P
DIRECTOR

Medical Directions and Practice Board
Meeting
March 18, 1998
MEMS Conference Room

Minutes

Members present: Drs. P. Goth, P. Liebow, E. Smith, R. Chagrasulis, D. Stuchiner, J. Burton,
D. Boyink

Staff: J. Bradshaw, B. Montejo, D. Corning, B. Zito, D. Carroll, J. LeBrun,

Guests: Steve Leach, EMT-P (Augusta Fire, Board of EMS), Cam Martin, EMT-P (MPA),
Wayne Werts, EMT-P (Auburn Fire Dept.)

1. Previous minutes reviewed and accepted.
2. Protocol Review
 - A. Purple "Definitions" - No significant changes
 - B. Brown 4 "Hospital Destination Choice"

Discussion: As previously identified, the current wording of this protocol needs clarification. The following problems, after a very lengthy discussion, were identified:

- 1) "transport, in consultation with medical control, to nearest appropriate hospital"... "if unstable, transport to most accessible hospital with an emergency department", the issue of clarifying what defines appropriate hospital, and making clearer how to handle transport of unstable patients, vs. working instead in the definition of on-line medical control, was debated.
- 2) If patient requests transport to other facility, competency issues come into play.

Action: A working subgroup consisting of Chag, Stuchiner, Smith, Bradshaw, and provider(s) will work on a draft rewording of Brown 4 and/or definition of OLMC.

For patient-requested hospital destination, competency issues this will be referred to the AG's Office for legal guidance.

Follow-up: Next meeting

- C. Brown 6 "MEMS patient/run record"

Discussion: Add to this section the necessity of leaving a completed copy of the run report at the hospital (as stated in run report manual)

Action: Add above to current protocol

Follow-up: Wording to be presented at next meeting.

D. Brown 12 “Medical personnel at the scene who are not a part of the organized EMS system response”

Discussion: In order to address the issue of other personnel assisting at the scene, such as nurses and PA’s, the wording would be expanded to allow for such intervention at the discretion of the EMT in charge.

Action: The wording will be expanded to include "licensed physicians, nurses, or PA’s" whose assistance is request.

Follow-up Wording to be presented at next meeting.

E. Brown 13 “Graduates of a wilderness EMS course...”

Discussion: ? if any changes needed specifying which are approved courses. Current protocol states course “approved by MEMS...”. Therefore, no change needed.

Action: No change is needed.

F. Devices

Discussion: Proposed to add a section to Brown dealing with review of medical devices by MDPB prior to use in the field.

Action: Present wording at next meeting.

G. Port -a-cath/access to indwelling central lines

Discussion: ? new protocol addressing when appropriate to access indwelling central lines. Also, possibly refer to education committee as training issue advanced training for proper access to indwelling central lines for routine use.

Action: Address via new protocol (Chag to draft)

H. Non-formulary drug issues

Discussion: may need new protocol to address this. Also, rules changes will be involved.

Action: Tabled for action pending subcommittee work (Goth, Bradshaw, Chag)

3. Biphasec Defibrillators

Discussion: Current literature shows biphasic waveform defibrillation to be effective, but not necessarily superior to current technology. MDPB needs more information prior to making formal recommendation to prehospital providers.

Action: Dr. Burton to review with other authorities and present recommendation at next meeting.

4. Other:

A. Dr. Stuchiner presented overview of current situation for helicopter system. In the near future, MDPB may be asked to review flight protocols.

B. Bill Montejo presented final draft of regional medical director's criteria for signing service license applications. MDPB members were asked to let Bill know if any further concerns.

C. Dr. Smith voiced concerns over the need for CQI review of non-transport. This will be addressed at the regional level as well as for discussion in developing statewide CQI plan.

D. Dr. Liebow discussed the possible need for a protocol addressing early identification of the stroke patient who might benefit from thrombolytic therapy. He will obtain further information for possible inclusion into a new protocol. He would like to see a review of all previous discussions pertaining to items which might need to be addressed in a new protocol. Jay will research this.

E. Joanne LeBrun suggested the MDPB obtain regional input into possible changes or additions to current protocols. Jay will refer this for further input via Ops Team and Chiefs meetings. Chag will put a note in the Journal of Maine EMS.

F. Data committee meets April 15, 1998 at 1 p.m. following MDPB meeting.

G. Decredentiaing update - Following the February 10, 1998 subcommittee meeting, several issues were referred to the AG's office for comment. Comments are pending.

H. DNR protocol - Jay will give an update at next meeting. This has been discussed at the Maine EMS board level. Kevin McGinnis is willing to work with a committee including MHA, MMA, and others on re-addressing this issue.

Next meeting April 15, 1998, 9:30 AM at Maine EMS

Submitted,

Rebecca Chagrasulis, MD FACEP