

**Medical Direction and Practice Board**  
**16-January-2008**  
**Minutes**

**In Attendance Members:** Matt Sholl, Tony Bock, Steve Diaz, Jonnathan Busko, David Ettinger, Kevin Kendall

**In Attendance Staff:** Jay Bradshaw (Director MEMS), Dawn Kinney

**In Attendance Guests:** Ginny Brockway, Jeff Regis, Joanne LeBrun, Kevin Bachi, Mike Percy, John Brady, Jess Wasielewski, Paul Liebow, Dan Batsie (Ed Rep), Rick Petrie (Ops Rep), Tim Beals (Board Rep)

<b>Topic</b>	<b>Discussion</b>	<b>Action(s)</b>
1) Introductions	None	None
2) Minutes from December 2007	None	Motion to Accept by Sholl, second by Bock, with unanimous approval
3) Announcement of NEMSAC	National EMS advisory council has been appointed: people you may know—Ritu Sahni (Oregon State EMS Medical Director); Tom Judge (LOM); Dia Gainor (Idaho State EMS Director); Richard Serino (Chief of Boston EMS); and many others	None
4) Legislative and Budget Update	None	None
5) Protocols Update	Red 5 and Red 6 updated to 1 shock and page 35 removed; Green 12 Updated; VF/VT, Wide Complex Tachycardias, Asystole, PEA, Bradycardia all updated to reflect flow rather than algorithm type format; much discussion around pediatric sizing and airway issues—after much discussion, no move to change the current language but we did discuss as our inclusion the length of the Broselow-Hinkle tape or other age type definitions; Fentanyl maximum first dose capped at 100 micrograms; Amiodarone drip is OK; And finally, discussion around Go Live Date- July 1, 2008 proposed and discussion whether we need more time between books being printed and actual Go Live date- others stated they have been gearing up for all this concurrently.	All these changes reflected in Master Document; these as well as Go live date of July 1, 2008 ratified via the following: Motion by Busko with second by Bock with Unanimous approval.
6) DNR Question	EMMC with computer generated document for DNR; not the original and not with original signature; EMMC attorney states hospital DNR not meant for out of hospital use; if patient wishes for this to continue, MEMS rules do allow this; also, electronic signature is valid as well; to MEMS staff for further clarification	To MEMS staff
7) CPAP requests	Orono, Old Town, and Lisbon requesting to join the Pilot (County also requesting if not previously noted—they are in October 2007 minutes). They meet all requirements for joining this pilot study	Motion to accept by Sholl, Second by Kendall, with unanimous approval

8) OLMC	Presentation of product—very useful; Certification via MEMS with eventual support by MDPB, Maine ACEP, MMC, CMMC, EMMC to all then have MHA support that this be an ED provider standard for Maine	No action
9) New Education Coordinator	Jan Brinkman, RN, Paramedic; from Franklin and starts Tuesday	No action
10) Wilderness EMT	Meeting on January 31, 2008—group is Bradshaw, Diaz, Busko, Johnson, Marcolini, Woodward and Sholl	No action
11) MEMS QI	Working on Mental health transfers, and LeBrun met with group and they are policy sharing, working on standard of care, needs and clarifying their questions—they next meet Wednesday March 5, 2008 before the MEMS board meeting. Airway QI metrics read from MEMS QI minutes December 2007	No action
12) MEMS Education Committee	Protocol Update and Rollout is their current business; Nominated core faculty and train the trainer beginning February 1, 2008. Also working on accreditation issue.	No Action
13) MEMS Operations	Information from the MEMS Board and some changes—the Ops will continue to meet monthly whereas the board is moving to every other month when possible; EMSC surveys with links finalized—input by February 28, 2008 and then submitted; Status of a couple Highway grants; Implementation of MEMS ERR dates with goal of everyone up and running by December 31, 2008; Have training of the MEMS ERR to MDPB; Have received Escape Hoods and they will go to regional offices; Creating a reference for all EMS applicable phone numbers in Maine (Grey numbers in protocol book); and National registry	No action
14) Specialty Programs in Maine	MDPB and MEMS without process for unique programming. Need to have a process for MDPB, Education, Operations to vet and approve programs is the contention. Some requirements are the requirement of a contract medical director which would include this person having the authority on who and who cannot participate in this program. This is different from a pilot program in that is a niche which is not applicable to the state in general (or as a whole). Question whether this would give rise to restraint of trade issues or rules/law issues. Not restraint of trade, as with the air medical program process, the specificity and oversight must be met to ensure this programming is appropriate and of high quality. MDPB approves	Returns to MDPB next month

programming/protocols in Maine—if they approve, should not be a rule/law issue. The idea of resource need for any EMS medical direction arose—we struggle as a state to fill our EMS medical direction ranks and will this further dilute this pool. This “other side of the issue” is something we need to persistently have brought before us. We should at this same time ratify what a medical director job description and qualification list would look like so this is also consistent. Doing this would give us more specific EMS responses for activities that are occurring presently, would also help MEMS image. Agreement to bring this back next month and have the MDPB members try to get a feel for this in their regions.

15) Next Meeting Wednesday, February 20, 2008