STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
152 STATE HOUSE STATION
AUGUSTA, MAINE
04333

JOHN ELIAS BALDACCI
GOVERNOR

ANNE H. JORDAN
COMMISSIONER

JAY BRADSHAW
DIRECTOR

Maine EMS
February 17, 2010
Minutes

Medical Directors Present – Diaz, Sholl, Pieh, Cormier, Goth, Busko, Coor Medical Directors Absent – Kendall Staff Present – Jay Bradshaw Guests – Eric Michaud, Joe LaHood, Joanne Lebrun, Butch Russell, Eric Wellman, Scott Cook, Norm Dinerman, Waren Waltz, Mike Senecal, David Robie, Chris Pare, Juie Ontengo, Michael Schmitz, John Brady, Myles Block, Bob Peterson, Dan Pugsley, Michael Holcomb, Rick Petrie, Ginny Brockway, Dan Batsie, Jeff Regis		
December 2009 Minutes	Reviewed	Motion to Accept – Seconded - Pieh Approved – ALL
ME EMS Legislative Update	1) Budget issues continue to be a challenge 2) The recruitment for a training coordinator remains a high priority. In the process of interviewing and doing reference checks.	
H1N1 Update – Protocol 36	This is a placeholder in the meeting– because there was no retreat, we have been unable to unroll the Protocol 36 discussion and go live with the program. Will revisit this discussion and update the group after the retreat. MEMS is having a discussion with ME CDC to discuss successes and challenges during the H1N1 response as well as vet the Protocol 36 discussion with them	
New Devices - S-SCORT S3 Oropharyngeal Evacuation	Presented by Butch Russell. Cost unknown but	**Peter Goth to use in his EMS Airway lab and**

Tool	speculate that it is lower based on other devices. Coor – why is this better than a Yankauer? Petrie – suggests that the spoon type tip would help scoop emesis out of the patient's airway. Diaz – mentions the potential to "myth bust" the device in Peter Goth's lab and perform a side by side comparison between the device and standard suction Busko – Notes this is an approved suction catheter. Can we approve it? Discussion ensues and decision to review in the lab.	**report back to the MDPB – do be done 4-29-10**
2010 Retreat	Both Tim and Kevin have a conflict in March. Looking toward April (all members present can make that date). Need to touch base with Kevin but will tentatively book fro the April date (4-21-10)	
IRB Process and Training	History on the IRB program from Maine EMS. Once a research program extends off the hospital property, it must be approved by Maine EMS' MDPB. Typically this occurs AFTER the sponsoring hospital's IRB. Diaz – Suggests that all members of the MDPB take the "Protecting Human Research Participants" Course – approximately 90 minutes. Will receive a certificate that should be sent to him and here is the site: http://phrp.nihtraining.com	
Special Circumstances Protocol	History of the program – patients with rare disease occasionally ask that EMS participate in their specialized care. Have created a Special Circumstance Protocol for these events. First draft was approved 7 years ago. Discussions were reinitiated recently. Must be approved by both the pt's physician and the regional or service medical director. The patient or family work with local EMS to create their protocol (vetted by primary care or attending physician and service medical director). This protocol is held locally and at the state (must be approved by MDPB as protocols are statute and ultimately must be approved at the MDPB level) Joanne Lebrun – asks if the process requires	[Form Attached]

	OLMC – Diaz – No, the intention is to make this a standing protocol for a single patient. Joanne then asks if we should include the patient's signature? Diaz – Mentions that this is a good option and could be done at the local/regional level. Discussion – Should we clarify that these are standing protocols? Done. Discussion – Who is responsible for the medications and maintenance of the meds? No set answer. Will require local discussion between the pt/family and PCP/service/Medical Director. The MDPB are looked at as a regulatory board as well as a reflecting board to review and vet decisions against. In situations in which there are pressing issues and needs to discuss Special Circumstances protocols quickly, then the MEMS Medical Director and Assistant Medical Director can be contacted any time.	
Review of Protocols – Purple, Brown, Grey	See Addendum regarding the proposals and discussion…	[Excel Spreadsheet attached]
Old Business		
PIFT Teaching to Hospitals	Discussion of Hospital Outreach – with PIFT as a cornerstone of that discussion as well as medical control PIFT Protocols Medical Direction Discussion QI Tools Aim is the last week of April/beginning of May	Look to regional coordinators to work with us on this
Medical Control Program	Finished at Quantia MD and now needs to be advertized	
Airway Subcommittee	Did not meet	
HART Update	Tabled	
MEMS QI	Tabled	
MEMS Education	Dan has prepared a copy of the Gap Analysis and Jay will edit and push out.	
MEMS Operations	Tabled	

Next Meetings – March 17, 2010 – 9:30 – 12:30
Airway Subcommittee – 8:30 – 9:30
Maine EMS QI – 1pm – 3pm