



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



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Maine EMS  
 November 18, 2009  
 Minutes

<p>Medical Directors Present – Diaz, Busko, Pieh, Cormier, Sholl, Goth, Kendall, Coor          Medical Directors Absent – None          Staff Present – Bradshaw          Guests?</p>		
<p>October 2009 Minutes</p>	<p>Reviewed</p>	<p>Motion to Accept – Kendall,          Seconded - Pieh          Approved – All</p>
<p>ME EMS Legislative Update</p>	<p>Bradshaw – Significant budget cuts pending and Governor’s curtailment order expected on Friday</p> <p>Diaz – DHHS has said that there is no way for them to further reduce programs and they now considering eliminating programs altogether</p>	
<p>H1N1 Update</p>	<p>Background – Diaz – Increasing cases and vaccine availability extremely limited.</p> <p>ILI Incoming Pt Protocol – hospitals and others trying to cohort waiting and acute treatment areas, space permitting</p> <p>Alternate Care Sites – issue with this concept is having the site meet conditions of participation if attempting to do ED work and where will staff come from to support such a venture in the midst of a pandemic.</p> <p>Protocol 36 Discussion – Diaz – Discussed the goals and major outline of the program. Creating both EMD protocol and specific EMS protocols for 1) Screening; 2) Destination and</p>	

	<p>3) treatment and release</p> <p>MDPB to work off-line to make this effective and to agree on a state-based, OLMC (made up of MDPB members) to take these calls. MEMA and Maine CDC are being kept informed of the discussions.</p> <p>MediVax – Version 3 – addition of IN administration by Basic EMTs and most recent version will be available online this week.</p>	
<p>Protocol Discussion</p>	<p>Sholl - Choose Topics– this year, going to mock it up as a self sustained document, using an Excel spread sheet and go through each page of the protocols – creating uniform institutional knowledge</p> <p>Purple - Sholl</p> <p>Brown - Sholl</p> <p>Blue - Pieh</p> <p>Red - Cormier</p> <p>Gold - Busko</p> <p>Green - Goth</p> <p>Yellow - Kendall</p> <p>Pink - Coor</p> <p>Grey - Sholl</p> <p>Black - Sholl</p> <p>Discuss Process – 30 minutes each month to discuss that topics</p> <p>Quality Markers – STEMI and Airway Management</p>	<p><b>Action Item - J Bradshaw – check with Dawn re: version control</b></p>

	<p>Evidence-Based – linking new protocols to the evidence used to make these changes</p> <p>End of June – Offer Services Capital Equipment Plan</p> <p>Pieh - Each Topic review to have evidence presented for their discussion the month before the discussion.</p> <p>Version Control for Changes</p> <p>Use of excel spread sheet to simply track what we do – use a different sheet for each protocol, use column 1 of the sheet to indicate the line being discussed, column 2 the salient areas of discussion, and column 3 to be the resolution or action. At the end of the process, all these merged into one document to help with the next protocol revision.</p>	
<p>Pediatric Sz Protocol</p>	<p>Diaz - Review Changes – Alerted by Dr. Chagrasulis on Pink 3/4 (pediatric sz) finding a mistake on element 11 – re: dosing of IV and IM</p> <p>IM dosing is correct</p> <p>IV Dosing – 0.02 mg/kg not correct. Dose for sz for peds is currently 0.15 mg/kg IV</p> <p>Change will be:</p> <p>Admin Midazolam 0.15 mg/kg IV to a max of 3mg or contact OLMC if further dosing is necessary</p> <p>Pieh – can we bundle with the Needle</p>	<p>Vote: Amending the dose of IV midazolam for Pediatrics to 0.15 mg/kg</p> <p>Motioned – Goth</p> <p>Seconded – Busko</p> <p>Approved By – All</p> <p><b>Action Item – Jay Bradshaw to add both IV Midazolam Dosing Change and Needle Thoracostomy needle length change on the errata sheet and the MEMSRR</b></p>

	<p>change? How does this communication happen?</p> <p>Bradshaw – Correct Dosage through errata sheet and a note on MEMSRR. The issue with the needle is that this is a training issue. Dan is bringing this back to the Education Committee in Dec.</p> <p>Goth – Is there an urgency to do this now or can we put this in the new protocol?</p> <p>Busko – Some services have purchased new devices now, others are planning on updating stock to the new length needle. There is not major training implications – this is a matter of using a longer 14 G angio cath (3.25 inch). Push out length change now.</p> <p>Pieh – request then, to dose change the midazolam and the length change the needle for needle thoracostomy</p>	
<p>Final Discussion re: Approval of New Devices</p>	<p>Diaz/Sholl - Discuss - Language surrounding variations of approved devices</p> <p>Process Now</p> <ol style="list-style-type: none"> <li>1) Introduce new device/protocol</li> <li>2) Goal of the new Device/Protocol</li> <li>3) Impact of this new device/protocol on the system</li> <li>4) Financial/Educational/Operational Impact of the new device/protocol</li> </ol> <p>Can someone locally approve a variation on an approved device locally?</p> <p>Goth – Can we have a place on the agenda every month to review these? The MDPD then could decide if this is a variation or a new device. This then becomes a group decision.</p>	<p><b>Action Item – Create a place holder each month to review devices</b></p>

	<p>Caveat – this does not allow outside vendors to present to the MDPB. This must remain an “EMS-centric” effort so these variations of approved devices need to be brought to the MDPB from a service, region or medical director.</p>	
Retreat Planning	<p>Sholl - Interest in spending dedicated time together as ME EMS, Regional Directors and Medical Directors to meet a number of ends:</p> <ol style="list-style-type: none"> <li>1) Orient new members</li> <li>2) Discuss goals/objectives and to discuss our direction</li> <li>3) Highlight future of EMS</li> <li>4) Discuss upcoming major changes in EMS</li> </ol> <p>Steve – could this occur during the Dec MDPB meeting? Spend the first part of the day doing MDPB and the remainder with a retreat (Jan 20<sup>th</sup>).</p>	<p><b>Action Item – All MDPB members send ideas to Matt. Steve/Jay/Matt to create agenda to be presented next MDPB meeting</b></p>
PIFT Survey Review and Discussion	<p>Sholl - Review – 3 Recommendations</p> <ol style="list-style-type: none"> <li>1) More continuing education for providers</li> <li>2) Medical Directors – Increased involvement and increased linkages to Medical Directors as well as educational products for medical directors</li> <li>3) Increased awareness for the hospitals utilizing PIFT</li> </ol> <p>P Liebow - Idea of creating plug and play modules for each of these entities. Need to have Education Involved in this process from the beginning.</p> <p>Busko – advocates that PIFT medical Directors be required to take a Medical Direction Course (e.g. OLMC, 1 day NASEMSP Medical Director Course, or equivalent)</p>	<p><b>Action Item – Steve/R Petrie/D Batsie to meet re: how to create an educational program for these three groups. Report back to the group in Dec.</b></p>
Old Business		
POLST	Work group developing information package	

	and training material.	
Medical Control Program	Status of the Program – QuantiaMD site. Waiting on the combined audio file to be completed	
Airway Subcommittee	<p>Did Not meet this month</p> <p>T Pieh – Updates the Group on the status of the group. Taking our protocol vantage of airway management and bridge to the literature. Agreeing on goals and tools to meet the goals.</p>	
HART	<p>Diaz - Meeting today – will review with group next month</p> <p>Discussing the Event to Balloon paradigm shift</p> <p>Other Items – Cardiac Arrest, 12 Lead QI, Pre-Hospital Lytic Therapy</p> <p>Sholl – Introduces MCASP</p>	
MEMS QI	<p>Diaz – Did not meet last month</p> <p>Looking to do QI through MEMSRR but this has become a challenge due to data entry errors</p> <p>Will discuss the Quality Markers for Airway and STEMI today</p> <p>Focus on how to use the MEMSRR in a uniform means to positively affect QI</p>	
Education	<p>Did Not Meet This Month</p> <p>Bradshaw – received 7 applications for training centers and moving to have the first</p>	

	wave/stage completed by the end of the month	
Operations	<p>Petrie – discussed the financial status of the state and discussed contract (progress reports due end of Dec)</p> <p>All have been working on H1N1 and having success with MediVax programs</p> <p>Discussed the TCAP and he on-site review process</p>	

Next Meetings – 9:30 December 16, 2009  
 Airway Subcommittee – 8:30 – 9:30  
 Maine EMS QI -