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

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GOVERNOR

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COMMISSIONER

JAY BRADSHAW
DIRECTOR

Maine EMS
December 16 2009
Minutes

Medical Directors Present – Diaz, Sholl, Pieh, Courmier, Goth, Leibow (in lieu of Busko), Kendall Medical Directors Absent – Busko Staff Present – Jay Bradshaw, Alan Leo Guests – Scott Cook, Joanne LeBrun, John Brady, Butch Russell, Norm Dinerman, Doris Leslie, Bob Peterson, Theresa Cousins, Kelsi Bean, Myles Block, Dan Batsie, Rick Petrie, Jeff Regis, John Kooistra		
November 2009 Minutes	Reviewed	Motion to Accept – Courmier Seconded - Sholl Approved – All
ME EMS Legislative Update	Bradshaw – discussed H1N1 primarily. Have also been discussing the budget. Looking identify the dollar amount that needs to be adjusted. Governor will release plan on Friday. Have submitted response to budget readjustments but pending a response.	
H1N1 Update	Working offline to create a draft document regarding alternate care sites. Infective but mortality similar to the seasonal flu. Disaster plans need to resonate with the end user and providers. Have created a document that will suffice if needed. Presently, in this second wave, we do not perceive a need for our plan but may need it in third and further stages. Next phase is to introduce the MDPB and educate the Medical Directors.	

	Nationally H1N1 cases on the decline nationally. Likely Maine is on the decline as well but reporting lags behind experience.	
New Devices	1) New Mask – request to approve device C Coor – notes he used it in his residency and recalls that it was not approved S Diaz – Must pinch the nose D Batsie – is there a sizing? Looks like an oral airway. Identified for a minimum of 30 kg. P Goth – this is a straight shot to the stomach M Sholl – what is the benefit to our system? Why should this replace an NPA/OPA and BVM? T Pieh – may work better in the bearded patient P Goth – this still requires loss of airway reflexes and why not then use an LMA or King 2) Quick Clot Gauze – discussed and approved as an alternate hemostatic agent to the Quick Clot First Responder 3) Glide Scope – discussion. S Diaz – perhaps the best place for this discussion is in the Airway Subcommittee. Notes the significant cost of the device. We do not need to be the first on board with a new device. R Petrie- notes that distributers and sales persons are dropping these off at services and offering them a chance to use them **Decision** – these are currently NOT approved.	**New Mask – Not Approved** **Quick Clot Gauze – Approved** **Glide Scope – Not Approved**
January 2010 Retreat	Open Discussion re: Agenda – 1) History and Format of the MDPB and EMS Structure the regulatory side and the function of the Board and MDPB– especially for the newest	**M Sholl – Send out below articles to the MDPB members.**

	members – Jay Bradshaw 2) Format and process of protocol review. Expectations of how to do this and NEMSIS discussion – S Diaz 3) Review of EMS literature – EMS update – M Sholl (will ask if J Busko is interested?) 4) H1N1 Planning and Protocol 36 – Bradshaw, Diaz, and Sholl 5) Critical Care Transport and historical transition into PIFT – P Goth and S Diaz 6) Vision for our future – create and prioritize ME EMS strategic plan – ALL (lead by S Diaz) These items are enough for a day. ? Invite old MDPB members M Sholl – EMS Agenda for the Future, IOM Report, Rural EMS Agenda for Future, EMS Education Agenda for the Future Logistics – C Coor – can host this in Union Maine, half way between here and Rockland on rte 17. At 9am (will not hold the MDPB in January) MDPB members, regional coordinators and past members	
PIFT Teaching to EMS, Hospitals, others	Do not have completed yet but will bring to retreat along with history of PIFT	
2011 Protocols	Sholl – Do we begin in Jan before retreat OR begin in Feb? If we begin in Feb – will end in August (vs. July) S Diaz – would like to end in June. Perhaps do one section in Feb and double up from there to end in June (may require limited agenda and doubling up) M Sholl – Should we invite stakeholders to the meeting? S Diaz – in past, have brought the discussion to the "experts" and then bring it here	

	Need to choose the first topic to discuss in Feb 2010. Will offer the brown/Purple/Grey section. Will take any advice/suggestions at shollm@mac.com. Will also distribute any pertinent information for the discussion prior to January's MDPB. Powerpoint formats for the presentations S Diaz – keep a running excel spreadsheet that documents the changes we are making	
New Business	NorStar asked re: adding protocol for the addition of Zofran without Pain. S Diaz – try to not change outside of official protocol changes unless emergent reasons (safety and incorrect dosing) also concerned for setting precedence and avoiding the situation of revisiting and changing the protocols on a regular basis. This would be difficult for the end users/providers to keep track of.	**Consensus – will consider this as a change for the 2011 protocols and continue to allow providers to contact OLMC for anti-emetics in non-pain situations**
Old Business		
POLST	Sholl – educational program created by Butch Russell/John Brady. At a point that it needs to go to the Educational Committee. By the end of the week will have a second draft available. Need to add voice but very close to being able to give the educational committee.	
Medical Control Program	Awaiting the final posting on QuantiaMD	
Airway Subcommittee	Discussion and Final Thoughts Institute judgment into the process of EMS Airway management that is 1) Goal based 2) Minimally invasive and basic skills first followed by advanced and invasive skills In certain subset of patients (pediatrics, APE, OHCA, Head injury) begin with basic and minimally invasive techniques, then reassess. If not successful in meeting the goals of opening, protecting, oxygenating and ventilating, them move to more	

	invasive techniques Next Meeting (February) 1) QI Discussion – Does this have to happen at the hospital level? Will the hospitals agree and comply with this? What about at a research level? 2) Education – How do we do this…	
HART	Discussed EMS to Balloon paradigm shift and attempted to choose the "correct" EMS time for both treatment, diagnosis, and transport. Tentatively have chosen a 40 minute time frame… More discussion to come. Need to reflect on hospital's data as the time frame for EMS transport is based largely on the ability of EMS to maintain a specific scene time S Diaz – brings up point of early presenters and how to accommodate these patients. No decision have been made M Sholl – discusses the potential for programs around lytic based strategies	**Meeting at 3pm Today**
MEMS QI	Discussed implementing Quality Markers for the 2011 protocols 1) Cardiac – discussed the potential of identifying and tracking the following markers as good care - 12 lead with in 10 minutes, calling forward to receiving hospital and going through identified state or regional checklists, provision of ASA, and total scene time of 20 minutes as quality markers 2) Airway – more difficult to determine but discussed the use of capnography to confirm and monitor the success of airway management as a cornerstone of the airway markers J LeBrun – the HART does not have the broad based representation that the TAC	

	does S Diaz/J Bradshaw – another QI issue. A letter was sent to PIFT Survey chiefs reminding them to maintain the PIFT QI Form. Maine EMS will begin requesting these. Services have to use these, have to maintain these for 3 years and have to offer these to regional and state EMS offices when requested. Identified QI process under the board of EMS. Maine EMS QI group will be made up of Medical Directors and Regional Directors – others can be added to the list but need to request through Jay Bradshaw and Steve Diaz (Jay looking at minutes to confirm this)	
Education	D Batsie - Did not meet in Dec due to weather… Plate full with reorganizational initiatives Place Holders for 2010 – including the protocols and airway updates. Refresher training and CEH items. Rounding out the T-CAP process	
Operations	R Petrie – Ops did not meet as board did not meet and thin agenda. Pedi Drug Dosing Change and Needle Length change added to the Maine EMS website and sent to regional director who then sent to service leadership	

Next Meetings – February 17, 2010 – 9:30 – 12:30
Airway Subcommittee – 8:30 – 9:30
Maine EMS QI – 1pm – 2pm