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

JANET T. MILLS
GOVERNOR

MIKE SAUSCHUCK
COMMISSIONER

J. SAM HURLEY
DIRECTOR

**Medical Direction and Practices Board – June 16, 2021**
**Minutes**
**Conference Phone Number:** 1-646-876-9923 **Meeting Number:** 81559853848
**Zoom Address**: https://mainestate.zoom.us/j/81559853848

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| *Members present*: | *Matt Sholl, Beth Collamore, Claire DuFort, Kelly Meehan-Coussee, Mike Bohanske, Rachel Williams, Dave Saquet, Seth Ritter, Tim Pieh, Benji Lowry, Kate Zimmerman, Bethany Nash, Pete Tilney, Claire DuFort* |
| *Members Absent*: | *Adam Thacker* |
| *MEMS Staff*: | *Chris Azevedo, Sam Hurley, Jason Oko, Marc Minkler, Darren Davis, Melissa Adams* |
| *Stakeholders*: | *Ben Zetterman, Bridget Rauscher, Debbie Morgan, Chip Getchell, Edward Doughty, Rob Sharkey, Jay Bradshaw, Patrick Underwood, Sean Donaghue, Steve Almquist, Shawn Cordwell, Rick Petrie, Paul Marcolini, Kristina Donnellan, Chris Johnson, Kaitlin Jodoin, Ally Johnson, Benjamin sounders, Arick Brown, Andi McGraw, Joanne Lebrun, Steve Smith, Stephanie Cordwell, Dr. Norm Dinerman, Nicholas Bryant, Sally Taylor* |

**MDPB Agenda – Meeting begins at 0930**

1) Introductions and Roll Call –Sholl
2) May 2021 MDPB Minutes
    a. Dr. Bohanske motions to accept the minutes with Dr. Collamore seconding the motion. No discussion. Motion is carried.
3) State Update
    a. Director Sam Hurley
        i. Maine EMS is working through the contracting contract process for the Regions.
        ii. Purchased two new devices
            1. ATP Luminometer- measures bacterial growth on a surface. Purchased as an aid to illustrate effectiveness of equipment cleaning and sanitation methods. To be used for data collection purposes to get a picture of field conditions.
                a. Dr. Ritter asks about the device. Director Hurley discusses.
        iii. No one bid for QI RFP to put together a QA course and guidebook. So, Maine EMS will be taking on building that one out.
        iv. CARES
            1. Re-engaging this for collecting data, likely the first of the new year. Will be working collaboratively with the hospitals and will need to figure out who will enter the patient outcome data from the hospital end of things.
        v. Community Paramedicine- have not heard back from DHHS regarding the grant yet. Possibly hearing something on 21 Jun 2021.

4) Special Circumstances Protocol Review – NONE
5) New Devices– NONE
6) Pilot Program – Portland Fire Department
    a. Portland Fire Department MEDCU
        i. Dr. Sholl discloses any possible conflicts of interest, as he is Medical Director of that service.
        ii. Pilot program regarding leaving naloxone behind for patients/families after responding to narcotic overdose EMS calls, as part of a larger effort towards overdose prevention.
        iii. Chief Sean Donaghue (Portland FD), and Bridget Rauscher discuss the program.
            1. This began as a public health effort in partnership with the fire department towards overdose prevention.
            2. This has had positive results and has built positive rapport between responders and patients.
            3. Discussion of mechanisms and results of the program.
        iv. Dr. Sholl
            1. It was suggested that this become a pilot program for possibility of transparency and illustration for other departments or organizations which may wish to also engage in similar efforts.
        v. Dr. Pieh commends efforts and inquiries regarding specific program components. Dr. Sholl discusses aspects of the program.
            1. Improvements in population connection to primary care
            2. Training
            3. Medical protocols and pharmacy- Permethrin and IV Tylenol
        vi. Director Hurley
            1. Asks to see a training plan for the program.
            2. QA/QI- grateful that you put this in. Asks if there will be any other QI metrics such as performance metrics? This is not CP nor is it in standard protocols, which is why we need to do this as a pilot.
            3. Dr. Sholl
                a. Short of some connectivity pieces, identification of pieces which would be measurable is difficult. This is so different from other EMS programs because we are putting our EMS providers out there, primarily, to be case managers.
            4. Director Hurley
                a. Unless we have a way to quantify and track the changes you're making, we're going to have a difficult time getting funding for support as this continues.
            5. Dr. Sholl
                a. When the program started, we'd been trying to do this. We are tracking connectivity and will be tracking utilizations, as well.
            6. Director Hurley
                a. Asks about safety plan and PPE stance regarding U-21 patients and patient screening document.
                b. Position description- question regarding required experience for the position.
        vii. Dr. Pieh makes the motion to submit the program. Motion is seconded by Dr. Nash. Discussion.
            1. Dr. Bohanske- Excited, this looks great.
            2. Roll call vote. Dr. Sholl abstaining. Motion is carried.

7) UPDATE – Medication Shortages – Nash/All
    a. Dr. Nash
        i. Nothing specific. Distributor difficulty keeping up with demand for epinephrine pre-filled syringes.
8) COVID-19
    a. Dr. Sholl
        i. Discusses frequency of bi-weekly meetings and asks the group for their opinion regarding stepping down meeting frequency. Suggests first Monday of the month, which would balance out meeting schedules between that meeting and monthly meeting.
        ii. Discussion.
            1. Several members support reducing meetings as suggested. Others suggest possible conflicts.
            2. Collamore, Zimmerman makes the motion to move COVID meetings to first Monday of the month. No other discussion. Motion is carried.
        iii. Dr. Sholl expresses appreciation for members' support and continued engagement during that past 15 months of intense meeting schedules and pace of work.
    b. July meeting- First Monday is day after a holiday. Dr. Sholl asks for ideas regarding meeting on July 5th. Motion to move meeting made to skip meeting on July 5th, by Dr. Meehan-Coussee and seconded by Dr. Bohanske.
        i. Discussion by Dr. Sholl and the group of maintaining regular meeting in July, despite past practice of skipping July meeting for vacations.
        **ii.** Roll call vote. Dr. Saquet abstains due to missing much of the discussion on this topic. Motion is carried. **August will be first of new meeting schedule. July will not have a COVID meeting.**
9) 2021 Protocol Update –All
    a. Review Timeline
        i. Dr. Sholl shares his protocol update timeline screen with the group.
            1. In editing process at this time.
        ii. MEMSEd scheduled for August.
        iii. Dr. Zimmerman asks regarding introduction of canine protocols. There will be a course Sept-Oct and would like to have the protocols finished for use in that course. Discussion by Dr. Zimmerman.
    b. Discussion – White Papers – Sholl/All
        i. SKIPPED
    c. Discussion: Items for review from Protocol Review Process
        i. Green 25 - Crush Protocol – should we reference the new hyperkalemia protocol or maintain hyperkalemia treatment in this protocol?
            1. Dr. Meehan-Coussee recommends removing treatment of hyperkalemia from the protocol and just referencing it, also keep the PEARL
            2. Dr. Sholl- will make the change
        ii. Overview of work performed on the Hyperkalemia protocol.
            1. Dr. Sholl shares the protocol slide
            2. Wiring down concentration and dosing for pediatrics.
            3. Actions in context of OHCA.
        iii. Reference to Pediatric Medication doses in the OHCA protocol
            1. RED 8. Red 11 references pediatric dosing suggestion by Dr. Zimmerman to insert a link to these in Red 8.
        iv. Follow up re: Syncope protocol
            1. Concerns regarding a statistic on geriatric syncope in the protocol "up to 1/3 of syncope in older patients is caused by…"
        v. VAD protocol updates – review
            1. Discussion regarding placing an "H" symbol
            2. Adding language encouraging communication alongside the "H"

3. Adding language regarding instances wherein EMS can't get the patient to the/a VAD center.
4. Added an "H" regarding when to start CPR.
5. Bohanske motions, Ritter seconds, to approve the changes.

vi. Location of the Alcohol Intoxication/Withdrawal Protocol
1. Discussion regarding Orange versus Yellow section.
2. Dr. Collamore makes the motion to place in Yellow section. Motion is seconded by Dr. Zimmerman. Discussion
    a. Dr. Lowry- advantage to moving to Yellow was to remove stigma. However, many times, this and Agitated Delirium occur together, so Orange section might be appropriate.
    b. Roll call vote. Motion is carried

vii. Discussion – Pediatric Bradycardia
1. Discussion of epinephrine dosing via IV push, by Drs. Zimmerman and Williams and the group.
2. Motion by Dr. Saquet is made to add epinephrine for pediatric bradycardia at dosing concentrations as described with Dr. Nash to assist with max dosing determination. Dr. Nash seconds the motion.
3. Roll call vote. Motion is carried.

viii. Discussion – EMT and acquisition of 12 leads
1. Dr. Sholl discusses having brought this to Education Committee.

ix. Discussion – Statement in the Foreword re: vital signs
1. Director Hurley
    a. We've noticed anecdotally when reviewing care reports, that you should check vital signs regularly and post-intervention. We've found, in too many reports, only one set of vital signs for the entire period of patient care. Is there any appetite to put language in protocols to encourage taking and recording of vital signs?
2. Dr. Sholl proposed language from chat:
    a. Proposed language "The MDPB believes that vital signs are essential pieces of information to be acquired on all patients. In addition, the MDPB believes that vital signs should be trended on all patients. In most cases, vital sign trending should occur every 5-10 minutes, based on the patient's clinical status and other operational considerations"
3. Discussion
    a. Dr. Bohanske- don't want it to be construed that 2, 5, 10-minute trending needs to be done on stable patients, etc.
    b. Dr. Meehan-Coussee- supports idea. Are we doing this on all patient interactions, or just on transports?
    c. Dr. Ritter- like the idea of trending VS, and it's not always documented. Does this make sense to protocolize this, or does this belong in education?
    d. Claire DuFort- I agree with Dr. Ritter. But, I think an approach from QA/QI and drive from service level would be a better approach.
    e. Director Hurley emphasizes that we're doing the QA newsletter and trying to use vitals, but we are finding that they are not documented, which makes this difficult to do.
    f. Dr. Meehan-Coussee, makes the motion to change the language as stated in proposed language. Motion seconded by Dr. Zimmerman.
    g. Steve Smith cites and discusses the national standard which has already been established. Supports the idea of protocolizing this.
    h. Dr. Sholl asks about specifying a minimum of 2 sets of vital signs versus going with proposed language. Discussion ensues.

i. Above proposed language is amended to include provisions for stable patients and discussed by Dr. Sholl with the group.
j. Roll call vote. Motion carried.

x. Dr. Sholl discusses pediatric elements of green section
1. Keeping pediatric cut off at age 16.
2. Green- nasal dose of ketamine. This will be fixed. Need clarification on these topics.

d. Discussion – Naloxone Dispensation Protocol
i. Have been discussing this for past two protocol cycles. These events are highly regulated by the DEA. RNs, physicians and pharmacies are only ones allowed to "dispense."
ii. Submitted language for Law Change for allowance of Narcan dispensation protocol.
iii. Director Hurley- we are paying for purchasing of naloxone for EMS agencies. If any agency wanted to pay for extra, we could consider this. Must be cautious about how wide a net we cast regarding numbers of allowances for dispensation.
iv. Motion to accept by Saquet/Collamore. Discussion. Roll call vote. Motion is carried.
v. Director Hurley- there is some training on this that Maine EMS is working on, to be ready for next month.

e. Review – minimum requirements for warming pads
i. Tabled

f. Questions regarding transition of patient care from local service physician who had a QI issue regarding ALS clinician who gave meds and transferred care to a lower level of licensure
i. language in Vermont EMS : "…must ensure next provider is same license level or higher."
1. Transfer of Care - When transferring care of a patient, an on-duty EMS provider must ensure the receiving caregiver is licensed at an equal or higher level unless the patient's condition and reasonably anticipated complications can be effectively managed by a lower-level provider's scope of practice. For example, a paramedic who is a member of a first responder agency may transfer care of a patient with an uncomplicated ankle injury to an EMT for transport. On the other hand, a patient who receives interventions at a higher level on the scene shall only have care transferred to the same or higher-level provider."
ii. Dr. Sholl introduces language for consideration

g. Discussion – remaining steps in the protocol review process – Sholl/All
i. Education Committee – Outreach to colleague Education Committee members
ii. Maine EMS Formulary and Facts Sheets
iii. Protocol Editing Process
iv. Summary Change Document

10) Discussion re: Spit Hoods – Pieh/Sholl/All –TABLED
11) IFT – Tilney/Sholl – Letter Update
    a. Working
12) Question for the Group – are we in a position to take one of the summer months off?
13) Dr. Sholl discusses the pediatric vital signs card that Marc Minkler distributed. Asks if there are any concerns on this? None. Only thought is that this is different from current one. Solution is to embrace the EMS-C card.
14) Taking August off and having July meeting. Decision is to do that.

**Old Business –**

1) Ops
    a. None
2) Education – none
3) Community Paramedicine Jason
    a. No meeting this month

4) QI
    a. Reviewing trauma letter and new positions
5) EMS-C
    a. Developing VR program for pediatric assessment. Should be rolled out next week.
    b. Shares EMS-C survey numbers.
6) Trauma Advisory
    a. none
7) Maine Heart Rescue
    a. None

Motion to adjourn by made by Dr. Bohanske and seconded by Dr. Zimmerman.

Meeting adjourned at 1310 hrs.

Next meeting July monthly meeting. No COVID meeting on first Monday of July.

The QI Committee meeting will begin at 1330.