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 21, 2023
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: https://mainestate.zoom.us/j/81559853848

Members present:	*Matt Sholl, Beth Collamore, Mike Bohanske, Kelly Meehan-Coussee, Colin Ayer, Bethany Nash, Seth Ritter, Pete Tilney, Benji Lowry, Rachel Williams*
Members Absent:	*Emily Wells, Tim Pieh, Kate Zimmerman, Dave Saquet*
MEMS Staff:	*Chris Azevedo, Darren Davis, Megan Salois, Anthony Roberts, Soliana Goldrich, Jason Cooney, Robert Glaspy, Sam Hurley*
Stakeholders:	*Jeremy Ogden, Rick Petrie, Michael Reeney, Eric Wellman, Chris Mitchell, Scott Smith, Rob Sharkey, Phil MacCallum, Chip Getchell, Dr. Kevin Kendall, Joanne Lebrun, Sean Donaghue, Theresa Cousins, Shawn Cordwell, Dwight Corning, John Moulton, Chris Pare, Dr. Norm Dinerman*

1) Introductions
    a. Meeting called to order at 0934 hrs. Dr. Sholl makes introductions and calls roll.
2) May 2023 MDPB Minutes – 0935-0940 – Sholl
    a. Approval of the May 2023 meeting minutes.
    b. Motion to approve meeting minutes made by Dr. Collamore and seconded by Dr. Meehan-Coussee. No discussion. Motion is carried.
3) State Update
    a. Director Hurley is not available. State report is postponed until his arrival.
    b. Director Hurley arrived at 1021 hrs and gave state report.
        i. The state legislature is wrapping up their session. The multitude of EMS bills has required a great deal of attention by the EMS office as well as collaborative work with EMS stakeholders.
        ii. Legislative items have been detailed in the staff update that was submitted to the group prior to today's meeting.
        iii. Work continues on Regional contracts.
        iv. Sally Taylor has stepped down as Executive Director at APEMS. Rick Petrie has assumed the position as Interim Director until a new Director can be found.
        v. Director Hurley discusses the recent NASEMSO conference.
        vi. An RFA for grant monies associated with initiation of community paramedicine programs. Agencies who had applied to the original RFA are eligible to apply for this one, as well.
    c. Dr. Sholl reports that he has brought the Delta Pilot request to the EMS Board, which approved the pilot at this month's (June 2023) EMS Board meeting.

d. Director Hurley reports that the legislature did pass legislative authority to issue licenses for Community Paramedicine services as well as for EMS clinicians. Currently, this is done as an "authorization." However, this will now be transitioned to a specific type of service license.

4) CARES – Update and 2022 Outcomes
    a. Ashley Moody is not available. Report is postponed.

5) Special Circumstances Protocol Review – NONE

6) Alternate Devices – NONE

7) Pilot Projects – 1010 – 1030
    a. Delta – Monthly Report
        i. Dr. Sholl discusses the first monthly report from this pilot project. This pilot was approved by the EMS Board at their June meeting. Dr. Sholl shares his screen and discusses the metrics and information contained in the report.
        ii. The floor is opened to the group for questions. The group discusses clarification of various metrics and numbers, as well as information that will be needed in the monthly reports in the future. Chip Getchell and Chris Mitchell field questions from the group.

    b. Jackman – Report given bimonthly– No Report this Month

    c. Mobile Medical Outreach – Quarterly Report – Due this Month
        i. Sean Donaghue from Portland FD shares his screen. Sean Donaghue and Steve Nasta give the quarterly report and discuss.

    d. Frequency/Interval of Pilot Project Reports for Jackman Pilot Project
        i. Discussion of this topic is a holdover from the May MDPB meeting. The Jackman Pilot Project team had asked if there were any thoughts from MDPB regarding the frequency of reports from this project. The question posed was whether or not the group would like to maintain reporting frequency at a bi-monthly interval or transition to a different interval.
            1. Discussion by the group.
            2. Dr. Collamore asks regarding original interval for reports on this process. Discussion.
            3. Dr. Collamore makes the motion to transition to quarterly reporting for this pilot project. Motion is seconded by Dr. Bohanske. Discussion.
                a. Dr. Tilney comments that there have been requests by Dr. Busko to update his protocols, etc., and asks if the group would like to set a frequency limit for which a project may request protocol expansions/updates. Dr. Sholl suggests discussion and decision on this question should be delayed until after voting on the reporting interval.
                b. The motion is carried.
        ii. Dr. Sholl opens discussion of Dr. Tilney's earlier question regarding frequency limit for pilot protocol updates and expansions. Discussion amongst the group.
            1. Rick Petrie provides some clarification regarding the Jackman team's request that there be an MDPB member available as a point of contact who could be reached out to if there is something that needs change "in the moment."
                a. For the pilot project, the pilot team created a clinical practice committee, comprised of physicians from each of the hospitals that the project interacts with, a paramedic from the project, the QA

Coordinator, and a position for an MDPB member. Mr. Petrie discusses the committee's duties and meeting schedule.

2. Dr. Sholl summarizes action points
    a. Volunteers needed for membership on the pilot's clinical practice committee
    b. Decision regarding frequency limit for protocol updates and expansions, etc. Additional discussion on the question.
        i. The decision is made by the group (without a motion) that requests for changes should be compiled and submitted to MDPB no more than twice per year.

8) State Update – Director Hurley's state update is given at this time. See above section in these minutes.

9) UPDATE – Medication Shortages – 1030-1040 - Nash/All
    a. Dr. Nash reports that ketamine is still reported as being unavailable. Midazolam availability is intermittent. Otherwise, nothing has changed since last month.
    b. Abboject syringes are still in short supply and are being allocated.
    c. Dr. Tilney reports that Solu-Medrol is in short supply. So Decadron is being used in its place.

10) Emerging Infectious Diseases – 1040 – 1050 – Sholl
    a. No updates.

11) Discussion – CP Formulary Draft – Lowry/All – 1050 – 1100
    a. Dr. Lowry and Soliana Goldrich share their screen and discuss with the group.
    b. Dr. Lowry discusses that the primary idea was to list medications that are not already in the formulary for 911 response.
    c. Discussion by the group.
    d. Dr. Bohanske makes the motion to approve the adoption of the Community Paramedicine Clinician formulary. Motion is seconded by Dr. Meehan-Coussee. No discussion. Motion is carried.

12) 2023 Protocol review process – 1100 - 1230 – All
    a. Timeline review – Sholl/Zimmerman/Collamore
        i. Dr. Sholl shares his screen and discusses progress on the timeline.
        ii. Dr. Sholl queries the group for ability to stay after the LFOM CPC portion of the July meeting, to finish protocol work. This will impact a few members who attend the QA/QI committee meeting.
        iii. Dr. Sholl discusses work remaining on the timeline
            1. "Leftovers" presentation by Dr. Zimmerman
            2. Remainder of "Ecchymotic" section
            3. White papers to be finalized and reviewed (possibly for July meeting)
            4. Offline work – formulary , OLM consultation document, education for hospitals, education work.
    b. Discussion - Protocol Review Webinar – June 8, 12-1pm
        i. Chris Azevedo reports that stakeholder response continues to be positive and asks whether there will be an additional forum for the Ecchymotic section. Discussion to be held offline.
    c. Follow Up – MDPB Deliverables
        i. Change Documents
        ii. Review Protocol Mock-Ups
        iii. White Papers
            1. Dr. Sholl shares his screen and discusses white paper topics and the process for submitting white papers with the group.

a. Dr. Collamore has submitted a list of possible topics for white papers for this protocol review cycle. Dr. Sholl discusses.
    i. Dr. Sholl proposes producing six papers with some topics combined, versus 12 separate papers. Discussion by the group.
b. Dr. Nash discusses searchability of older white papers.
    i. There have been difficulties in searching for or being able to have access to older white papers for reference work.
    ii. It is important that these new papers should all be available on the Maine EMS website.
    iii. Dr. Nash suggests making white paper titles descriptive of content
c. Michael Reeney, from New England Donor Services states that he is always available to present any assistance for white papers or be of assistance for any reason regarding services.

2. Discussion of possible needs for white paper authors to team up with another author who has done work on a prior white paper that is a reference.
3. Discussion and assignment of white papers to authors by the group.
    a. Oxytocin/Childbirth – Drs. Nash and Lowry
    b. Seizure and use of magnesium sulfate – Dr. Lowry and Williams, with Dr. Nash
    c. OHCA – Drs. Ritter and Williams
    d. Stroke Recognition – Dr. Tilney
    e. New Protocols (Fever, Trauma Triage new algorithm, Strangulation) – Drs. Meehan-Coussee and Sholl
    f. Update to airway protocol/bougie removal from protocol – Dr. Bohanske
    g. New England Donor Services – Dr. Collamore, with Mr. Reeney
    h. Update for naloxone with "Leave Behind" – Drs. Pieh and Zimmerman
    i. Changes in dexamethasone doses – Dr. Williams

d. Discussion – Additional Time for Protocol Work – Likely Need 3 hours
    i. Straw poll of the group suggested that the majority could continue after the July MDPB meeting – does this still work (July 19 – 1300 – 1600)
    ii. Items to do at July extra meeting:
        1. Remaining Brown/Purple/Grey/Black Section Work
        2. Protocol "Leftovers" – Zimmerman/Collamore/Sholl – Likely Covered in the Next Meeting
        3. Review and approve White Papers
        4. Review and Approve Education
e. Brown/Purple/Grey/Black Sections – Collamore/Tilney/All
    i. Dr. Collamore shares her screen and discusses the proposed changes in each section
    ii. Grey Section
        1. Grey 5 – DNR Guidelines
            a. Changes focus on the PEARLS section on this page.
            b. Delete first paragraph section regarding validity of DPA and living wills as valid DNR order
            c. Add to second paragraph, "…that resuscitation be withheld, start resuscitative efforts when feasible as contact with OLMC is being established for guidance."
            d. Discussion by the group.
            e. Dr. Sholl suggests

i. Nuance first paragraph – a DPOA must: specifically state the power outlasts the disability of the person, specifically grant to the agent the power to make healthcare decisions, and be notarized
ii. Suggest that in the context of any questions, initiate resuscitation when feasible and contact OLMC for guidelines.
iii. Maintain current paragraph regarding living will
iv. Prioritize DNR orders as listed earlier
v. Find nuanced language explaining DPOAH and what those must have
vi. Retain the language that Dr. Collamore drafted
- "If a DNR is not available, but has a DPOAH, if there are any questions, initiate resuscitation when feasible and contact OLMC for guidance."

f. Dr. Collamore discusses with the group whether or we are asking too much from our EMS clinicians?
g. Dr. Sholl summarizes three options
i. Dr. Collamore's presented option
ii. Dr. Sholl's nuanced modification of Dr. Collamore's option
iii. Take the proposals back to the AAG's office for discussion.
h. Drs. Sholl and Collamore will take this back to Director Hurley and the AAG's office for work.

2. Grey 9 – Death Situations for Emergency Responders #1
a. Item #2.B.4
i. Delete "Consider contacting the New England Donor Services" and replace with "Notify New England Donor Services."
ii. Aligns protocol with the Red section.
b. Change approved
3. Grey 25 – Maine EMS Medication List
a. Remove activated charcoal
4. Grey 26 – Telephone/Radio Reference/Contact Numbers #1 & #2
a. Revise Maine EMS Staffing lists
5. Additions to Grey Section
a. Green 1 &2 Minimum Landing Zone Area moved from Green section to Grey
i. Add to bullet #4 – "Secure LZ and appoint personnel to guard main and tail rotors (i.e.: Rotor Officer) per current ground safety course.
ii. In LZ #2, Terrain – changes are already captured in the change document.

iii. Baby Safe Haven Protocol Concept
1. Drs. Collamore and Sholl present the concept of a "Baby Safe Haven" protocol to the group. New Hampshire and Vermont have this type rules and protocols. Maine has a statute in place, but not a protocol.
2. Dr. Collamore relates that she has drafted a protocol based upon Maine statute.
3. Dr. Sholl shares his screen and discusses the Maine statute.
4. Dr. Sholl shares the Baby Safe Haven protocol proposal drafted by Dr. Collamore with the group. Dr. Collamore discusses.
a. Dr. Sholl discusses inclusion of different verbiage regarding reporting of incidents by providers. It is agreed that Dr. Sholl's verbiage should be included, versus Dr. Collamore's original draft verbiage.

b. Dr. Williams relates that the topic of having such a need for a protocol as this has not yet come across her desk.

5. The group agrees that the Baby Safe Haven protocol should be a new protocol, to be included with the 2023 updates.

iv. Safe Response and Transport Guidelines

1. Dr. Collamore presents a draft protocol that was suggested by EMS stakeholder input. This protocol is based upon Maine statute. This was a big topic for the QA Committee, which did an entire newsletter on the subject of safety in transports.
2. Drs. Sholl and Collamore share the screen illustrating the draft of the protocol.
3. Discussion by the group.
4. The group agrees that this new protocol should be included with the 2023 updates.

v. Other Stakeholder Input

1. Dr. Collamore would like to thank Christopher Easton, Ph.D., for input regarding welfare checks, EMS clinician safety, and line of duty deaths. There are available resources on those topics for clinicians.

vi. Brown Section

1. Dr. Sholl shares his screen and Dr. Collamore discusses proposed changes to the Brown section protocols.
2. Brown 2
    a. Add under “Regional Destination”
        i. “Examples of such protocols include the Maine EMS Trauma Triage protocols…and the Stroke Protocols” at the end of the section. Discussion.
        ii. It is decided by the group to modify the statement to read: “Examples of such protocols include the Maine EMS Trauma Triage Protocols, the Stroke Protocols, or regional destination regarding STEMI activation/ACS, etc.”
    b. Add under “MEMS patient/run record”
        i. Final sentence to read: “Services must still complete the electronic patient care report and make the report available to the hospital as soon as possible…and within Maine requirements based on Maine EMS Rules and Regulations.
3. Brown 3
    a. Add under “Other healthcare clinicians in the home”
        i. “(i.e., RN, LPN, CNA, Nurse Midwife…Hospice Nurse, etc.)
4. Brown 6
    a. Add to the page, either before or after “Taser Probes,”
        i. Service Medical Director: All services licensed or permitted at of above the AEMT level must have a contracted medical director.”
        ii. There is a definition of “service level Medical Director in the rules definitions, in sub section 44. Jason Cooney reads the definition verbatim for the group. Jason Cooney asks if the service medical director is referenced in protocols anywhere? Discussion.
        iii. The group agrees that Drs. Collamore, Tilney, Zimmerman and Sholl will wordsmith verbiage acknowledging the service level Medical Director requirement and then referencing the language in the rule or referencing back to the rule itself. This is to be inserted in the Purple section.

vii. Purple Section
    1. Add to definitions
        a. C: Celsius
        b. Cm H_2O
        c. CPP
        d. DL – direct laryngoscopy
        e. DSED
        f. ETT
        g. Fever definition – temperature ranges
        h. g: gram -This is to be written out in the protocols
        i. L: Liter
        j. kg: Kilogram
        k. MAP
        l. Mechanical CPR device requirement specification
        m. Mg
        n. mL
        o. mmHg
        p. NPA
        q. OPA
        r. Prehospital physicians -discussion of this definition by the group
        s. VC: vector change
        t. VL: video laryngoscopy.
    2. Discussion among the group regarding inclusion of proper and standard abbreviations for units of measure, etc., or including a table, instead.
    3. The point is made that there must be consistency in use of these abbreviations throughout the protocol document if either of the above is to be done.
    4. The group agrees that the units of measurement should be included in a table at the end of the section, versus line-item definitions if possible as a "best way to include it."

13) Update - PIFT – 1230 – 1250 – Tilney
    a. Dr. Tilney shares his screen and discusses developments
    b. PIFT documents
        i. Dr. Tilney, last month, sent the following documents for the group's review
            1. Required documents
            2. PIFT Decision tree
            3. EMS Service chief Letter
            4. PIFT Therapy/Provider Level Cross-Reference Matrix
            5. PIFT Letter to Hospital CEOs and Emergency Medicine Directors
            6. PIFT Letter to potential Service Medical Directors
        ii. Dr. Tilney discusses with the group, each of the above listed documents.
    c. Dr. Tilney discusses the need approval of the items by the group
    d. Dr. Tilney discusses chart of definitions of "Different levels of Stability" and how these have been clarified. Some of the reason for clarification was to mitigate drift at all levels.
    e. Dr. Tilney discusses chart of Different Levels of Therapies and Intervention, which is a PIFT scope of practice chart for all levels of licensure – EMT, AEMT, Paramedic, PIFT, SCT.
        i. Emphasis has been made to differentiate each column, and consensus feedback from the group is needed regarding which interventions/therapies are appropriate for which level of licensure.
        ii. Dr. Tilney shares a list of PIFT equipment and discusses histories of specific interventions at given levels.

iii. Dr. Sholl asks the group to focus on temporary transvenous pacemakers for a patient who is stable and has a low risk of deterioration, for a single paramedic who has limited additional training with these devices. Discuss
    1. Dr. Bohanske discusses that, in the instance that he's received such a patient via PIFT transport and does not favor this intervention for a PIFT paramedic with limited patient. This patient should be relegated to the SCT level of care.
    2. Dr. Meehan-Coussee agrees and relates that it's difficult to regard such a patient with a temporary transvenous pacer as stable.
iv. Dr. Sholl reminds the group to consider that the priority should be the inherent stability and risk to the specific patient in the case presented, and not just the specific device intervention. Discussion.

f. Dr. Tilney discusses Medication therapies in the context of appropriateness for PIFT and shares a list of medication classes with specific medications included. There may be specific medications in some medication classes for which there is a need to cite specific medications that may or may not be appropriate for PIFT.
    i. Dr. Sholl discusses that listing one or a group of specific medications may prove unsupportable regarding the need for frequent updates and also impose limitations for services which use or have differing levels of availability for listed medications. Discussion by Dr. Nash.
    ii. Dr. Tilney touches back on the need to consider stability of patient independent of the ability for medication to be used on a PIFT transport.

g. Dr. Tilney shares his screen and discusses "order sets" for PIFT transports. This would be an organized set of orders for specific sets of PIFT calls.
    i. Examples
        1. Pediatric Order set for PIFT
        2. Adult trauma order set for PIFT
        3. Adult medicine order set for PIFT

h. Dr. Tilney asks the group for input regarding how to proceed forward with the discussed issue of classes of medications versus individual medications.
    i. Dr. Collamore relates it might be more beneficial to stick with classes of medications.
    ii. Dr. Nash relates that groups of medications are likely going to play a large role in this.
    iii. Dr. Tilney will take the feedback, incorporate it into the order sets and send them out to the group for review.
    iv. Dr. Sholl and Dr. Tilney will work offline to develop the packet that will be distributed for approval.

Old Business – 1250 - 1300

1) **Ops** – Director Hurley/Ops Team Members
    a. Nothing to report.
2) **Education** – A Koplovsky/C Azevedo
    a. No report
3) **QI** – C Getchell/J Oko
    a. Chip Getchell reports that the committee will meet at 1330 this afternoon. The primary focus will be to begin the pediatric newsletter.
4) **Community Paramedicine** – B. Lowry/J Oko
    a. Dr. Lowry reports that two new members have been added to the committee for palliative care and home health. The work on the community paramedicine formulary has already been covered. Currently developing the licensing structure for community paramedicine licenses.
5) **EMSC** – M Minkler, R Williams
    a. No report.
6) TAC – K Zimmerman, A Moody

    a. No report
7) **MSA** – K Zimmerman, A Moody
    a. No report
8) **Cardiovascular Council** - A Moody
    a. No report.
9) **Data Committee –** D. Davis/K Meehan-Coussee
    a. The committee is looking at changing the committee positions, as some of them have not been filled in a substantial length of time.
    b. Darren Davis reports that the committee has been busy. In addition to being tasked with the RFP work last year, more recently, all data elements and values for migration to NEMSIS 3.5 have been reviewed. There has also been significant work on reviewing the various data dashboards.
10) **Maine Heart Rescue** – M Sholl, C Azevedo
    a. There were a number of instructors who went to the Maryland Resuscitation Academy.

Motion to adjourn is made by Dr. Collamore and seconded by Dr. Williams Meeting adjourned at 1309 hrs.