



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

JAY BRADSHAW
 DIRECTOR

Medical Direction and Practices Board Minutes
September 18, 2019
Conference Phone Number: 1-720-707-2699
Meeting Number: 345 024 1513

Meeting begins at 0930

PRESENT:

- Members:** Tim Pieh, Mike Bohanske, Kate Zimmerman, Matt Sholl, Pete Tilney, Beth Collamore, Matt Opacic, Kevin Kendall, Seth Ritter, Dave Saquet (phone-in), Bethany Nash
- Staff:** Jay Bradshaw, Chris Azevedo, Marc Minkler, Jason Oko
- Others:** Dr. Busko, Steve Smith, Stephanie Cordwell, Chip Getchell, Jo Horn, Joanne Lebrun, Ben Zetterman, Dennis Russell
- Minutes:** CMA

I. Introductions

- a. A moment of silence was held for the Farmington Fire Department

II. Acceptance of Minutes

- a. July 2019 MDPB Minutes
 - i. Motion to accept by Dr. Zimmerman motion, Dr. Bohanske seconded: approved

III. IRB – Biospatial

- a. Jo Horn was present at the meeting as IRB community representative
- b. Discussion explaining Biospatial operations and use in Maine EMS (data sharing and QI) was led by Dr. Sholl and Mr. Bradshaw, followed by a discussion of the IRB process by Dr. Sholl.
- c. Dr. Pieh made a motion to proceed with project. Motion seconded by Dr. Collamore. Motion carried.
- d. Next step- Mr. Bradshaw will work on executing a data use agreement and present this to the Commissioner for approval. The state police will also be participating as they hold the crash data.

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TTY: (207) 287-3659

FAX: (207) 287-6251

With offices located at the Central Maine Commerce Center, 45 Commerce Drive, Suite 1, Augusta, ME 04330

IV. State Update

a. Staffing Update

- i. New EMS Director- J Sam Hurley, formerly EMS Director for DC Health
 1. Mr. Hurley starts 21 Oct 2019
- ii. Maine EMS will be conducting interviews for the open licensing agent position
 1. 18 people applied.
 2. 16 met minimum qualifications
- iii. Data position closes Friday
 1. Getting second data position (sub-grantee position for Opiate data) same classification as staff position

b. CARES/Heart Rescue/RA

- i. Data entry has been difficult. HealthInfoNet will not allow MEMS to have access to outcomes data because MEMS is not considered a healthcare entity. Therefore, no cardiac arrest data can be extracted from HealthInfoNet to put into CARES reporting system.
- ii. Our contracted data entry person has left Maine EMS. 2019 data has not been entered.
- iii. We continue to work on the process.

c. Legislative Update – no legislation pending

- i. DPS has requested three bills
 1. Two bills will address
 - a. Issues affecting the Trauma Registry, Health Information Exchange, and CARES.
 - b. Those issues being designating MEMS as a public health entity and requiring hospitals to provider trauma data.
 - c. The current law only requires MEMS to have a trauma registry, but does not require hospitals to submit data.
 2. The third bill
 - a. Transfers to the LifeFlight of Maine (LFOM) Foundation assets that have accumulated since the 2004 transportation bond which initially purchased an RV and high-tech patient training manikins. Since that time, LFOM has paid depreciation on the equipment and all related operating expenses. The equipment initially purchased, and the vehicle were replaced in 2014 using funds provided by LFOM.

V. Special Circumstances Protocols – NONE

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VI. New Devices – NONE

VII. Emergency Triage Treat and Transport Program (ET³) – Background and Discussion – Drs. Jonathan Busko and Sholl

- a. Overview
 - i. Comes from Center for Medicare and Medicaid Services as an effort to save money
 - ii. CMS IS moving to this model. Time to look at this now and assess how this affects EMS and how we can work best with this
 - iii. Preparation
 - 1. Identify interest and ambulance supplier and provider priorities
 - 2. Seek opportunities for partnership
 - 3. Look out for RFA and Notice Of Funding release
- b. Language for EMS operations under ET3 rules:
 - i. "MEMS licensed EMS agencies who are accepted to participate in the Centers for Medicare & Medicaid Services (CMS) Emergency Triage, Treatment and Transport (ET3) Pilot Program, are granted a waiver from the MEMS requirement that patients must be transported exclusively to a Maine licensed emergency department. These agencies, based on criteria approved by the Medical Direction and Practices Board, may transport patients eligible for inclusion in the ET3 program to an alternate destination as defined by ET3 criteria, to include but not limited to urgent care centers or primary care offices, with which the EMS Agency has a written agreement to accept these patients, after consultation with a qualified healthcare practitioner. **All MEMS licensed EMS agencies participating in the ET3 program must notify the MEMS office of their participation**"
- c. Motion to approve language and to create the committee- Dr. Pieh; Dr. Kendall seconded: approved
- d. Volunteers for the committee along with Drs. Busko and Sholl: Drs. Ritter, Pieh, and Kendall

VIII. New MDPB Positions – Process for Recruitment

- a. Positions
 - i. Pediatric physician
 - ii. BLS provider position
 - iii. ALS provider position
- b. Dr. Sholl discussed how we need to do the following:
 - i. Create job description with desired characteristics – Mr. Bradshaw, Drs. Sholl and Zimmerman to draft and send out to group.
 - ii. Post and announce the positions

- iii. Authorize staff to be "first pass" to ensure applicants meet minimum qualifications
- iv. Select a group MDPB interviews candidate
- v. MDPB votes on membership
- vi. EMS-C position should be involved in vetting person for PEDS position
- c. Motion to approve outlined process- Dr. Pieh; Dr. Opacic seconded; approved

IX. UPDATE –Medication Shortages – Dr. Nash

- a. Sodium Bicarbonate
 - i. There is a shortage of the medication for injection in ABBOJECT syringe packaging
 - ii. Hospitals starting to transition to vials
 - 1. Glass; 50mL
 - 2. There is a peds concentration out there- vial
- b. D50
- c. Epi 1mg/10mL
 - i. There is an alternate kit, also in vials
- d. Dr. Sholl- this will be simple to fix, but we need to get in front of this
 - i. Keep some type of current dialogue with services – should we:
 - 1. Disseminate MEMS Bulletins
 - 2. Build the fix into med shortage slide set
- e. Motion to do both of the above, Dr. Pieh; Dr. Ritter, seconded: approved

X. 2019 Protocol Update

- a. Discussion 2019 Protocol Education
 - i. Region 3 - September 17th 6p-8p at MGMC-T
 - ii. Region 1 - September 25 in Westbrook 1p-5p
 - iii. Region 5 - September 27th NMCC noon-5
 - iv. Region 2 - October 9th in CMMC Lewiston, 4p-8p
 - v. Region 6 - October 10th - 5p-7p at Pen Bay Conference Room C
 - vi. Region 4 - October 17th 1p-5p at EMCC
- b. Education Committee was supposed to materials completed the second week in August and have a product for the MDBP to review. This was not met. Dr. Sholl and Mr. Azevedo and Mr. Minkler have created the content and were not able to complete it in time for the authors of the various sections to review due to the time constraints.
- c. Change reference document
 - i. Asking MDPB to review and suggest changes, so it can be put out ASAP
- d. The education materials, finalized version, will be posted by the end of the week
 - i. Lesson plan: detailed, open to instructors and students
 - ii. Slide sets
 - iii. White papers

- iv. Change Reference for hospital provider reference
- e. We ask that you keep track of questions during the protocol roll-out process: questions that cannot be answered and need to be vetted by the MDPB, we can add to the FAQ document.
- f. Will need to do a debriefing of the processes.
- g. MEMSEd program needs to be built

XI. Review – Maine EMS 2018 Data

- a. Mr. Minkler presented selected data for the MDPB from his Maine EM 2018 Data Report

XII. Approved Equipment List – Discussion and Approval – Sholl/Okon – 1200-1210

- a. Update of the current list
 - i. All items are dated now
 - ii. Adds mechanical CPR and VL devices
 - 1. Discussion over language
 - iii. mCPR-- approval deferred until language can be decided
 - iv. Video Laryngoscopy (VL)
 - v. Motion to accept VL as worded : seconded; approved

XIII. Arrest in route to the hospital

- a. Drs. Pieh and Sholl have been collaborating on this
- b. Tim has offered policy from his own hospital as an example, an FAQ document is being compiled. Working with MHA as well.

XIV. Next MDPB Projects – Open Discussion - Tabled

Old Business

XV. Operations- Ben Zetterman

- a. Regional reporting and how it is going to get done

XVI. Education

- a. Vacancies in Regions 1 & 4

XVII. QI

- a. Meeting following MDPB

XVIII. Community Paramedicine

- a. Meeting cancelled

XIX. Maine Heart Rescue

- a. Has not met; the Northern New England RA is meeting next week

The Maine EMS QI Committee will begin at 1330.

Motion to adjourn; Motion made by Dr. Opacic. Motion seconded. adjourned at 1200

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