



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 Minutes**  
**20 Nov 2019**  
**Samuel DeChamplain Conference Rm**  
**Conference Phone Number: 1-720-707-2699**  
**Meeting Number: 345 024 1513**

**Meeting begins at 0930**

**PRESENT:**

**Members:** Matt Sholl, Kate Zimmerman, Tim Pieh, Seth Ritter, Michael Bohanske, Pete Tilney, Beth Collamore, Dave Saquet, Matt Opacic, Bethany Nash, Kevin Kendall

**Staff:** Chris Azevedo, Marc Minkler, Jason Oko, Melissa Adams, Sam Hurley

**Others:** Chip Getchell, Rick Petrie, Ben Zetterman, Steve Smith, Joanne Lebrun, Norman Dinerman, Dennis Russell, Kelly Klein, Jay Bradshaw

**Minutes:** CMA

1. Introductions
  - a. Sam Hurley, new Maine EMS Director
  - b. Melissa Adams, new Licensing Agent
2. Minutes Approval
  - a. September minutes
    - i. Correction to be made for attendance- Bethany Nash was in attendance at September’s meeting
  - b. October minutes
    - i. Motion to approve by Dr. Collamore; seconded by Dr. Pieh. Motion carried.
3. State Update
  - a. Discussion by Mr. Hurley and others regarding Medical Director resources
  - b. Staffing
    - i. See introductions
    - ii. Data position interviews have concluded. The person who was selected for the position is to be notified this week. Maine EMS is soliciting recommendations for the second data position.
  - c. Education

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- i. 2019 Protocol Update
        - 1. 675 currently enrolled in online course. Almost 300 of that number have completed it. There are issues with provider access to MEMSEd. Otherwise, going well.
      - ii. MEMSEd site
        - 1. The Education Coordinator is now able to focus on streamlining the website and getting its content and user account information updated. Will be working to make the site more user friendly.
    - d. EMS-C
      - i. Marc Minkler gave a brief on the Vermont NASEMSO conference, including the latest NREMT changes for the psychomotor examinations.
    - e. Data
      - i. We have no contract with CARES.
      - ii. We are working on getting an auto export function for MEFIRS to export the CARES data.
      - iii. The question being worked on now is that of outcome data. Jason Oko is working on how to send outcome data back to be included in the MEFIRS run report.
  - 4. CARES/Heart Rescue/Resuscitation Academy
    - a. Northern New England Resuscitation Academy
      - i. Dr. Zimmerman is going to send out a “save the date” notice
      - ii. Day one will focus on data, outcomes versus time on-scene. Presentation by Dr. Doug Kupas, from Pennsylvania. Data shows that outcomes are proportional to time on scene. Champion of cardiac care from an in-patient standpoint.
      - iii. Second day will be the adult and pediatric traditional Resuscitation Academy, that will be a full day event.
      - iv. Fee of \$75 for both days.
      - v. Dr. Zimmerman applied for AMA CMEs last year- which was approved-- and will be doing so again for this year.
      - vi. Dr. Norm Dinerman relates resuscitation point that he has heard good things about ECMO use in Albuquerque, NM.
  - 5. Biospatial
    - a. Biospatial is providing training for MEMS staff next week.
    - b. Maine EMS and Dr. Sholl are very excited to move forward with this, as they learn more about permissions and user capabilities. Will share more as we go along.
    - c. Kate has been using the program to look at the use of ketamine. Biospatial has been a valuable tool that has sped up the query/research process.
    - d. Dr. Saquet asks if this program will replace MEFIRS. Answer is “no.” Discussion regarding program differences
  - 6. Special Circumstances Protocols

- a. One protocol was referred from Joanne Lebrun, from Region 2.
    - i. This regarded a complicated seizure patient with oral diazepam use and receiving facility particulars
    - ii. Discussion ensues regarding medication choice.
    - iii. Dr. Pieh makes a motion to table approval until discussion with patient's neurologist. Motion seconded by Dr. Saquet. Motion carried.
  - b. There is a second protocol imminent.
    - i. Patient physician wants patient to only receive IN midazolam. There is an auto-injector that was approved in May.
    - ii. Discussion of format of the protocol
7. New Devices
- a. No new devices for consideration
  - b. Dr. Ritter asks questions regarding video laryngoscopy (VL) set models and cost of recording devices versus non-recording devices. Is one required over the other?
  - c. There is no requirement for VL sets to have recording capability, although having one is better for QA/QI purposes and for training. Discussion ensues.
8. Emergency Triage Treatment and Transport (ET3)
- a. Dr. Sholl reviews last meeting's discussion with Dr. Busko.
    - i. Update
      - a. "10 avoidable visits" list
      - b. If this list were applied in Maine, a large amount of ED visits would be accounted for
      - c. Dr. Sholl and group will develop 5 model guidelines for process development. This will eventually be sent back to MDPB for review and approval.
9. New MDPB Positions- process for recruitment
- a. Positions are:
    - i. Pediatric physician
    - ii. BLS Provider
    - iii. ALS Provider
  - b. Discussion ensued.
10. Medication Shortages- Bethany Nash
- a. Discussion on epinephrine availability
  - b. Calcium Gluconate is easier to get in pre-mix bag versus a kit with a vial and separate fluid bag that must be mixed. Dr. Nash recommends getting the pre-mix.
    - i. Shelf life is equal for both
    - ii. Calcium Chloride vs Calcium Gluconate- discussion regarding which may be better for the patient. Each has its benefits and caveats, but there is no research showing evidence of use of one over the other.
    - iii. Dr. Klein offered to perform a literature search regarding concentrations and dosage use in different situations.
11. Debriefing the Protocol Update process with MDPB

- a. Discussion ensues regarding FAQ for the Updates.
- b. Could there be a venue for bringing attention to the FAQs regarding certain protocols in the app, or in the PDF, or the protocols in general?
  - i. Alert when logging into MEFIRS
  - ii. Venue in protocol app
  - iii. Ops bulletin
- c. Section authoring
  - i. Dr. Pieh appreciated having a partner for bandwidth, accountability, and budget and for project management aspects
    - 1. Due date reminders
    - 2. Sensitivity to budget items
    - 3. Effects of changes on the EMS system
  - ii. Dr. Sholl
    - 1. Some authors used the change documents, and past and present protocols
    - 2. Discussion on the best way to present information to the group
      - a. Designate specific persons to be responsible for LucidChart aspect
      - b. Clerical support would be ideal
      - c. Discussion of Dropbox, Sharepoint, share drives
  - iii. Dr. Kendall raises concern that authors should not do same sections repeatedly.
    - 1. Discussion around having an authorship group aligned with other New England programs
  - iv. Discussion around change documents
    - 1. Functionality discussion
      - a. Documents contemporaneous with change conversations
      - b. Suggestions that MEMS staff meet with section authors regarding final change documents at end of process
      - c. Suggestion by Dr. Bohanske regarding bringing pediatric specialists for such protocols, to bring involvement to hospital personnel. End effect is twofold: to gain their expertise, and to get hospital personnel more familiar with EMS protocols.

## 12. Termination of Resuscitation

- a. Drs. Sholl and Pieh continue to work with hospitals for resolutions to program issues. Conversations are occurring at the CEO level to find solutions.

## 13. PIFT

- a. Dr. Tilney and Dr. Sholl have met once and identified the need for review and revision in this area. Work will continue into December. They both plan to meet with stakeholders.

## 14. Next MDPB meetings

- a. Looking ahead to the spring meetings, the February meeting dates will be impacted by school system vacations.

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- b. There has also been a shared meeting with the Education Committee. There is interest in doing this again. However, doing so may require a change in meeting dates.

15. Old Business

- a. Operations
  - i. This meeting was cancelled
- b. Education
  - i. Discussed earlier in the meeting
- c. QI
  - i. There is a QI Committee meeting following today's MDPB meeting.
- d. Community Paramedicine
  - i. There is a new chair- Ellen McFarland
  - ii. Waiver has been submitted to the Board for the 30 November requirement. It was not successful, due to not having a quorum present for the Board, as too many members had to recuse themselves.
- e. Maine Heart Rescue
  - i. Chris Azevedo is headed towards establishing practical events in Maine.
  - ii. The next Resuscitation Academy event is in May, with the Northern New England group. Maine EMS recommends that those who have not attended, do so. Many who have attended are surprised to find out what they did not know.
  - iii. If you are interested in being involved in Maine efforts, or in being an instructor, please contact Maine EMS.
- f. Good of the Group
  - i. Dr. Norman Dinerman commented that Maine EMS is a great and articulate body and is in a great position to take the most advantage of the collaborations with other EMS regions and New England states.

**Motion to adjourn:** Motion made by Dr. Bohanske and seconded by Dr. Ritter. Motion carried