



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



JANET T. MILLS
 GOVERNOR

MICHAEL SAUSCHUCK
 COMMISSIONER

SAM HURLEY
 DIRECTOR

Medical Direction and Practices Board Minutes
Wednesday, 18 Dec 2019
0930-1130
Conference Phone Number: 1-720-707-2699
Meeting Number: 345 024 1513

I. Call to Order 0930

Members present: Matt Sholl, Kate Zimmerman, Pete Tilney, Matt Opacic, Tim Pieh, Seth Ritter, Mike Bohanske, Beth Collamore, Dave Saquet, Kevin Kendall, Dave Saquet
Members Absent: Bethany Nash
MEMS Staff: Sam Hurley, Chris Azevedo, Marc Minkler, Jason Oko, Jessica Ricciardelli
Stakeholders: Mike Senecal, Chip Getchell, Stephanie Cordwell, Rick Petrie, Steve Smith, Nathan Yerxa, Ben Zetterman, Joanne Lebrun

II. Introductions/Public Comments:

III. Acceptance of Minutes:

- a. November – Jay Bradshaw asked to be listed as stakeholder in these minutes. To be corrected
- b. Motion made to accept November minutes with correction noted above by Dr. Pieh. Motion seconded by Dr. Ritter. Motion carried.

IV. Additions to Agenda: None

V. State Update:

- a. Sam Hurley
 - i. Staffing
 - 1. Jason Oko has transferred to the Data Coordinator position and is transitioning out of Licensing.
 - 2. Additional Data Coordinator to be hired, as well as an additional Licensing Agent.
 - 3. Maine EMS has revised position descriptions for new MDPB positions.
 - ii. HealthInfoNet has been upgraded and hospitals should be able to see run reports soon
 - iii. Legislative
 - 1. Awaiting language for specific line items
 - 2. There are 2 bills that Maine EMS is working on for sponsorship
 - a. LifeFlight
 - b. Access to data via HealthInfoNet
 - iv. Biospatial
 - 1. Ongoing. Basing our access policies on lessons learned from other successful states.
- b. EMS-C: Marc Minkler
 - i. Progress update submitted to HRSA. Marc can make that available to MDPB if desired.
 - ii. Surveyed state regarding level of pediatric training.
 - 1. 40% response rate

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

2. 50% respondents reported annual simulation training and/or skills station
 3. 3% respondents had access to a “pediatric champion.” Regions and services need support from above in making such things accessible
- c. CARES- NO REPORT
- d. Special Circumstances Protocol
- i. Review of individual protocol that was tabled last month until further discussion with patient physician could occur.
 1. This has occurred. Patient’s physician is excited to utilize the MEMS protocol
 - a. The patient’s physician felt it important to have separate protocol if just to highlight the patient’s special presentation.
 - b. Dr. Ritter- This process went well. This protocol was more or less just informational with regard to patient specifics versus a true separate protocol.
 - c. Protocol amended to include “appropriate” after the word “most,” in line ALS #7.
 - ii. Discussion ensued regarding efficacy and efficiency of doing these special protocols vs having an alternate method of alerting responding providers of a patient’s unique needs.
 1. Joanne Lebrun discussed historical EMS visits to patients with special medical needs in their communities and become familiar with their care – had paperwork. Had to do with EMS-C in the past.
 2. The question arises regarding a better way to accomplish the goals that Special Circumstance Protocols were designed for. Rick Petrie discusses technology enabling protocol to be widespread. Rick Petrie mentioned a QR code perhaps that could be scanned to pull up the SCP.
 3. Marc Minkler has found no legacy items regarding this protocol process and/or addressing patient-specific needs
 4. Discussion regarding HIN and IT custom fields for Specialty Care Protocols
 - a. CAD can flag where the hidden key is, history of violence, etc., but patient may not be at that address when 911 is called for that given patient.
 - b. Sam Hurley- e911 tools with reminders for providers that are linked to specific addresses with patient-specific needs. Use of special protocol should be documented by providers in the report and/or narrative.
 - c. Discussion Wrap Up: –
 - i. Marc Minkler to query EMS-C coordinators regarding how they have accomplished this in their states.
 - ii. Jason Oko to review with ImageTrend regarding option of flagging a patient’s chart.
 - iii. Rick Petrie can look into QR code. Dr. Sholl will work with staff on flagging special needs or SCPs. QR code will require a HIPPA waiver as it will be on the web.
 - iii. Motion made by Dr. Pieh to approve this protocol as written. Seconded by Dr. Kendall.
 1. Discussion. Dr. Zimmerman amends “appropriate destination” left out.
 2. Motion carried.
 - iv. Another protocol is being worked on in Region 5. More on this is to come as it is developed.
- e. New Devices
- i. None
- f. Medication Shortages
- i. Bethany Nash is at work and could not be present or call in.
 - ii. Epi syringes
 - iii. D50
 - iv. Likely sodium bicarbonate, as well.

VI. Old Business

- a. 2019 Protocol Update Process Debriefing
 - i. Education:
 1. MEMSEd
 - a. 1597 enrolled
 - b. 1323 completed online update
 2. Train-the-Trainer live course
 - a. 184 attended
 3. Regional/Local live courses
 - a. 1217 have completed live course (belief that it is underreported).
There continue to be newer courses that are added.
 - ii. Chris Azevedo wrote a draft of an After-Action Report.
 1. Discussion at length with Education Committee – inconsistencies with MDPB and Education Committee; process expectations, deliverables and communication. Deadlines are important; found that we were editing things too close to the deadline.
 2. The class was too long per the providers – what should the volume of changes be? Do we do 2-day course or limit changes? Just cover the larger changes and leave semantics to the providers/services.
 - iii. Dr. Sholl discusses MDPB debriefing and areas needing approval
 1. Dr's Sholl and Zimmerman offer to continually manage the schedule and keep things moving forward.
 2. Educating the non-ems physicians on Protocols
 - a. Dr. Opacic- we need to work on our communication with ED physicians and getting their input. Be more specific of what ED physicians need to know.
 - b. Dr. Sholl shares products he's made
 - i. All places in protocols for OLMC calls
 - ii. EMS Med Formulary
 1. Indication
 2. Level of licensure
 3. Consult or not
 - c. Dr. Collamore- MEMSEd with CME attached to it for the physician.
 - d. Nathan Yerxa recommended an abbreviated version of the protocol education for physicians – just the bullets (where providers are going to call); also for providers – the meat of the protocol.
 3. Please respond to the link for the After- Action Report for feedback.
 4. Protocol App Roll-Out
 - a. December 1st was a Sunday. Rollouts should not occur over a weekend or a holiday. While staff was readily available during this event, weekend or holidays roll outs could lead to delayed responses from staff or other stakeholder
 - b. Discussion: During next protocol roll out – planning to beta test the app for two weeks before it goes live.
 - i. Need to account for beta testing and issue-fixing in the deployment timeline
 - c. Measuring anecdotally by the volume and intensity of the feedback regarding app roll-out issues, it is felt that providers utilize the app significantly, however, position of Maine EMS is that, in the end, the

- app is a tool, and is not intended to replace familiarity with the protocols.
- d. Historically, the app is maintained as is until midnight of the protocol change. Staff has been working with our app vendor re: this. The app developer was responsive to our requests.
 - i. Sam Hurley– we really need to have a beta-testing period and utilize our most outstanding critics on Facebook. Make them part of the solution. This means that we will need to push back the due dates to accommodate this. Should be a 2-week test period.
 - ii. The app developer, Tim Wolf, is trying to get the hyperlinks to work in the protocol.
5. Change documents and availability
 - a. Should be maintained and then a “final” draft created, showing only the approved changes. This should be submitted to the Education Committee
- i. Protocol FAQ
 6. Review document to date and consider additional questions for review –few minor edits and will be published
 7. Recommendation that the FAQ be linked to the protocols in the protocol app.
 8. Discussion
 - a. Motion made by Dr. Pieh to accept the FAQ document with edits offered by Marc Minkler. Motion seconded by Dr. Ritter.
 - b. Discussion-
 - i. Dr. Zimmerman makes one edit.
 - ii. Dr. Kendall questions an edit.
 - iii. Marc Minkler suggests talking to the App developer and making a place for the FAQ.
 - c. There being no further discussion, the motion was carried. Document accepted as amended.
 - ii. 2021 Updates
 9. A project timeline has been produced by Dr’s Sholl and Zimmerman, who reviewed same with the MDPB
 - a. Recommendation for parallel processes-
 - i. MDPB and Education Committee could work in parallel and accomplish section goals contemporaneously
 - b. Discussion of protocol sections
 - i. Each current section included
 - ii. Perhaps include PIFT protocol as well for work?
 1. Dr. Tilney working with Dr. Sholl on this
 - iii. Addendum/appendix/annex to include K9?
 1. Dr. Zimmerman’s suggestion, as there has been work with Tac Medics regarding K9 care on Tac scenes.
 2. Consideration of moving Wilderness medicine to a similar section.
 - c. Discussion of protocol section change authoring
 - i. Incorporation of EMS-C physician in the section authoring process
 1. Not as a lead, but as a partner, with EMS-C program manager (Minkler)
 - ii. Section leaders – should we have an emeritus author who worked on the section to help a new person work on the

section with institutional knowledge and new person has fresh eyes.

1. Ecchymotic: Beth C/Kevin - 1
2. Blue: Tim/Matt S - 4
3. Red: Seth/Mike B - 3
4. Gold: Dave/Ritter
5. Green: Kendall/Pieh CRASH-3
6. Yellow: Opacic/Kate - 2
7. Pink: Saquet/EMS-C provider
8. Orange: MB/Beth
9. PIFT: Pete/Matt S
10. K9: Kate /Matt S

10. Project Management

- a. Discussion of 2012 process timeline
 - i. Chris Azevedo recommends project management aspects with the education committee.
 1. Timelines
 2. Accountability
 3. Transparency across the process
 - ii. Is January for first section a possibility?
 1. Ecchymotic usually the quickest
 - a. Dr's Collamore and Kendall will need to get material to Dr. Sholl by January 8th to distribute to MDPB.
 - b. MDPB needs to come as ready as possible to discuss those topics.
 2. Get material for this to Matt by 8 January for review/discussion by MDPB
 3. Edits to be in the form of the change document
 4. Yellow second
 5. Red third
 6. Blue fourth
 7. Further section schedule to be determined
- b. Discussion regarding how to engage the EMS community around this process, to let them know that this process is active now.
 - i. Dr. Sholl discussed several ideas
 1. Work with Marc Minkler on putting protocol review process online and on social media, to keep providers apprised.
 2. Meet with Dr. Zimmerman and Chris Azevedo regarding open conference calls for protocol input
- c. Discussion by Dr. Sholl regarding work sharing
 - i. Caution and discretion in disseminating draft work. Are there better ways to do this than a "dropbox" type format?
 - ii. Would like to share running feedback/thoughts document with section leaders
 - iii. Dr's Sholl and Zimmerman to connect with teams to give them a heads-up on the timeframe as to when presenting and when deadlines are.
 - iv. Dropbox use—will MDPB use this again
 1. Draft documents that were not approved by the group were disseminated across the state. This cannot happen again. Documents should be kept

internal. The Office will release documents once finalized

2. It was agreed that the MDPB will use Dropbox under the above stipulations.
- v. Management of pediatric items that end up in other protocol sections
 1. Dr's Sholl and Saquet will discuss how to approach this from a project management point of view.
- d. Dr. Sholl has rough list of punch items for the 2021 process to tackle.

b. PIFT

- i. Dr's Sholl and Tilney reviewing this program
 1. PIFT has evolved without supervision; want to think of this in a more cohesive way.
 2. Work being done:
 - a. Updating procedures, devices, medications
 - b. Defining what it means to be a PIFT provider, a PIFT service.
 - c. Defining what does it mean to be a medical director – competencies, education, etc.
 3. Would like hospitals to be participatory
 4. The MDPB would be a place of clinical oversight.
 5. How does this fall into the protocols/app
 6. PIFT meaning has been inconsistent between providers and services. Looking to streamline this and make it consistent.

c. ET3

- i. The group (Matt Sholl, Tim Pieh, Jonathan Busko, services who have applied to participate in the Pilot Program) have been meeting. Waiting to see which services have been approved for participation.
- ii. The group is at a point where Dr's Sholl and Busko have mocked up ET3 guidelines. Need to engage with stakeholders at the Urgent Care level – making sure that their capabilities are what they think they are.
- iii. These guidelines will come to MDPB to finalize consideration

d. Termination of Resuscitation Protocol

- i. Working with hospitals on this
- ii. Still need to circle back with each other. They have had focused conversations with some hospitals. Working with MHA Dr. Steve Diaz.

VII. Old Business:

- a. Operations-Rick Petrie
 - i. Last meeting by conference call.
 - ii. Developing list of processes that should be documented
 - iii. Operational/Clinical bulletins discussion. Could we capture them, review them, maintain or delete them as necessary?
 - iv. EMS Week 17 May. Work on the supplement beginning
 1. If anyone has ideas for articles, please submit to Ops.
 2. EMD to Survival cases, etc.
- b. Education Committee
 - i. Stephanie Cordwell- Committee Chair
 1. Reviewing committee mission vision values, goals
- c. QI- Jason Oko

1. Next QI newsletter
 2. Draft letter is out. Committee to review for changes and final draft today
 3. Stroke data to be discussed today as well.
 4. Sam Hurley shares slide of draft letter on screen
 - a. Would like there to be a Maine EMS letter.
 - b. Each committee would do 2 articles/year
 - i. Education, Exam, Investigations, QI, etc.
 - d. Community Paramedicine Committee- Jason Oko
 - i. Changing meeting dates from Mondays
 - ii. Discussing training levels for providers
 1. Affiliate, Technician, and Clinician
 2. Defining course objectives for these levels
 - iii. Creation of Community Paramedicine protocol
 - e. Maine Heart Rescue
 - i. Chris Azevedo and Dr. Sholl continue to work on creating Maine state efforts. RESUSC ME
 - ii. Concentrating efforts towards NNE in May at this time.
 - iii. CME is approved for May's event.
 - iv. Agenda has been drafted
 - v. Cost is set.
 - vi. Seattle physicians are attending, as is Dr. Doug Kupas, from PA (scene time vs outcomes)
 - f. POLST- Sam Hurley
 - i. Have adopted new national form
 1. Will need to update MEMSEd program for this
 - ii. POLST committee would like MAINE EMS to support use of singular form (POLST) and drop DNR order forms
 - iii. Matt recommends engaging with Dr. Collamore, for Grey section input
 - iv. Rick Petrie asks if Regions will get this as well
- VIII. For Good of the Group
- IX. Marc Minkler
- a. There is a Pediatric Preparedness Conference 9 March 2019, being held in Waltham, Mass.
 1. The conference is directed at hospital emergency departments and EMS
 2. The flyer for this event is posted on the MEMS website
 3. Topics include
 - a. Simulation
 - b. Critical debrief
 - c. And patient safety handoff.
- X. **Adjournment: 1230**
- a. **Motion- Dr. Kendall. Seconded Dr. Pieh. Carried**