



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



JANET T. MILLS
GOVERNOR

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COMMISSIONER

J. SAM HURLEY
DIRECTOR

**Medical Direction and Practices Board
January 15, 2020**

Conference Phone Number: 1-720-707-2699 Meeting Number: 345 024 1513

MINUTES

REMINDER – The MDPB is sharing the January meeting with the LifeFlight of Maine Clinical Practice Committee and will therefore begin at 0900, instead of the usual 0930.

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

Members Absent:

MEMS Staff: Sam Hurley, Chris Azevedo, Jason Oko, Jessica Ricciardelli, Marc Minkler

Stakeholders: Ben Zetterman, Joanne Lebrun, Nathan Yerxa, Chip Getchell, Stephanie Cordwell, Rick Petrie, Steve Smith, Jay Bradshaw, John Kooistra, Norman Dinerman

MDPB Agenda – Meeting begins at 0900

- 1) Introductions
 - a. Dr. Sholl
 - i. Solicits feedback from members regarding NAEMSP meeting last week in San Diego
 - b. Dr. Bohanske:
 - i. Some states focused on post-ROSC care and provided data.
 - ii. EPIC trial focusing on implementing all National Brain Foundation items into protocols in a very aggressive fashion. Their outcomes were remarkable.
 - c. Dr. Pieh
 - i. Brain injury trial results were highlights of the seminar. Highlighted specific equipment/techniques used in the trial, such as use of a pressure-limiting BVM, a slowing down of the ventilation rates. Also completed a medical director HAZMAT course. Was very good and had a very big personal impact.
 - d. Dr. Zimmerman
 - i. Attended NASEMSO meeting. Canine medicine was one of the topics discussed. Women in EMS group met but was not able to attend. Would encourage attendance. Physician field response lecture attended. Would be a good topic for discussion at a future retreat.

2)

- a. Dr. Sholl
 - i. There is a stroke registry in Florida. Data from the registry can be used to prove, within the state, that the provider's call is as impactful on the outcome as the procedure done on the patient's brain. This serves to emphasize the importance of systems of care.
- 3) Approval of the December 2019 MDPB Minutes
 - a. Motion to approve the minutes made by Dr. Pieh and seconded by Dr. Zimmerman. Motion carried.
- 4) State Update –
 - a. Medical Director's Resources
 - b. CARES
 - c. Legislation
 - i. Draft legislation has been submitted requiring hospitals and physicians to share outcome data with MEMS. Allows them to submit data via Health InfoNet. Drafted with assistance of Katie Johnson, AAG. Hospitals have raised concern over one sentence in legislation- "for the purposes of evaluating follow up assessments...outcomes"
 - 1. Nathan Yerxa asks if EMS run report is going into Health InfoNet? Jason Oko answers yes, in some regions that are doing a trial.
 - 2. Nathan Yerxa states that patients have a right to opt out of Health InfoNet. If they opt out, will patient care reports still be entered into Health InfoNet? Jason Oko replies, no. The account will be locked, and access denied.
 - ii. Draft legislation has been submitted requiring buildings of certain sizes to have an AED in-house. There is discussion of inclusion of an AED registry. The Governor is interested to learn more about this. Pulse Point also has an AED registry. The app developer has agreed to let us have the AED registry side of the app for free.
 - 1. Joanne Lebrun states there is already a substantial amount of data for an AED registry because they've (Region 2) been doing this locally.
 - iii. Jay Bradshaw discusses additional legislation.
 - d. Staffing
 - i. Five licensing agent applications reviewed. Have not been able to get a sufficient amount of applications for the Data Coordinator. May have to put this out again.
 - ii. Applications for ALS and BLS positions for MDPB close Friday 14 Feb.
 - e. Biospatial
 - i. Will be doing a trial, selecting 3 medical directors and selecting 5 agencies and giving them access to their data.
 - ii. All services and medical directors will have to complete training on this
 - f. Heart Rescue/RA
 - i. No update.
 - g. EMS-C
- 5) Special Circumstances Protocol Review –
 - a. Region 5
 - i. This protocol is not ready yet. Will distribute at next meeting for review and approval.
- 6) New Devices –
 - a. No new devices
 - b. Sam Hurley and Dr. Sholl discuss cataloguing MDPB Approved devices MDPB language regarding device characteristics with the group.
 - c. There have been concerns regarding what devices are approved and which are not. Gray areas in rules and statute as to exactly which equipment types must be approved.
 - d. Working on refining the language that will specify generalities and specifics of equipment that must be approved.
 - e. NEO IO devices are mentioned with regard to whether or not they have been looked at previously for approval. Not currently approved for use due to lack of evidence of efficacy without complications.

- 7) UPDATE –Medication Shortages –
 - a. Bethany Nash gives report:
 - b. Medication shortages are slowly waning.
 - c. Protecting Patient Access to Emergency Medications Act has passed two years ago. Requires a service to apply for own DEA license to get their own schedule II license. But it requires medical direction. This reinforces coming rule that AEMT/PARAMEDIC services MUST have their own medical director.
 - d. This is coming for other services as well as hospitals are going to stop being medication centers for services in the future.
- 8) 2019/2021 Protocol Update
 - a. Discussion re: FAQ's
 - i. Initial document approved. Update re: posting online, email, social media and App
 - ii. Review – Language re: TXA FAQ
 1. Why does the MDPB require On-line Medical Control before TXA in anticoagulated patients?
 - a. There remain concerns that the combination of TXA in addition to meds used to reverse certain anticoagulants, particularly warfarin may exacerbate a hypercoagulable state. In these instances, most physicians focus on reversing the anticoagulant. As the evidence for these concerns is evolving rapidly, the MDPB believes dialogue between the health care professionals taking care of the patient now (EMS) AND IN THE NEAR FUTURE (HOSPITAL PHYSICIAN) IS VALUABLE. Remember in the non-anticoagulated patient, OLMC is not required but is available for any questions.
 2. Discussion ensues.
 - iii. Question and discussion regarding any additional FAQ's the group has heard of
 1. How do we give TXA—pump, or drip?
 2. Different uses for Magnesium Sulfate—this has different uses, but Maine's is limited. Can we use it for others?
- 9) 2021 Protocol Discussion
 - a. Background and Overview of Protocol Review Process AND National Scope of Practice Changes
 - i. Dr. Sholl- we should be aware of how the scope is changing as we pursue updates.
 - b. Dr. Sholl shows process timeline revisions.
 - i. Doing parallel processes between MDPB and Education Committee
 - ii. Communication and working tightly together is effective.
 - iii. Nathan Yerxa suggests including QI and evidence as part of protocol revisions.
 - c. Scope of Practice Document changes review- Dr. Seth Ritter
 - i. Slideshow
 - ii. NASEMSO led effort
 - iii. Model for states to follow in defining what EMS professionals can do
 - iv. Not intended to define limits of practice
 - v. Scopes of practice that exceeds model are based on community needs. Defined in collaborative manner by the state and the medical director. Seth advises that section authors consider carefully the scope changes when contemplating their section changes.
 - vi. Recommendations
 1. Narcotic antagonist at all levels
 - a. EMR AND EMT UNIT DOSE, PEREASURED, IN OR AUTO INJECTOR
 2. Use of tourniquets at all levels and Wound packing at all levels
 3. Guiding principles for 2018 update
 - d. Review Planning - Section Leaders, Timeline review, Discussion of deliverables
 - e. Discussion – Brown/Purple/Grey Sections – Authors: Drs. Collamore and Sholl
 - i. Documents are in Dropbox.

- ii. Review of change document for purple section by Dr. Collamore.
 - 1. Significant amount of definitions. Reasoning- could save space in text.
 - iii. Brown Section
 - 1. Change document
 - iv. Grey Section
 - 1. Change document
- 10) Process for updating the PIFT protocols –
 - a. Dr. Tilney discusses:
 - i. Redefining what the issues are with the PIFT program
 - 1. Little consistent con-ed for this program
 - ii. Make this more hospital-centric.
 - 1. Hospitals to have greater role in patient care responsibility

Old Business –

- 1) Ops
 - a. Working on process issues. There are some areas where processes need to be defined.
 - b. Working on supplemental for EMS Week. Have secured the Hall of Flags Tues 19 May 2020 for awards and memorial. Nomination process is coming out soon for awards.
- 2) Education
 - a. NCCP discussions, mission vision values, meet with Drs. Sholl and Tilney on PIFT
- 3) QI – no meeting
- 4) Community Paramedicine
- 5) Maine Heart Rescue

Motion to adjourn 11:06 by Dr. Pieh, seconded Dr. Kevin Kendall. Motion carried.