



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 – October 21, 2020
Conference Phone Number: 1-720-707-2699 **Meeting Number:** 345 024 1513
Zoom Address: <https://zoom.us/j/3450241513>

Please Note: This meeting will be shared with the LifeFlight of Maine CPC, which will begin at 0900. Please note, these meetings will be virtual.

Members present: Matt Sholl, Beth Collamore, Mike Bohanske, Seth Ritter, Benjy Lowry, Kelly Meehan-Coussee, Tim Pieh, Kate Zimmerman, Bethany Nash, David Saquet, Kevin Kendall, Pete Tilney, Adam Thacker

Members Absent:

MEMS Staff: Chris Azevedo, Darren Davis, Marc Minkler, Melissa Adams, Griffin Bourassa, Jason Oko

Stakeholders: J. Monahan, Chip Getchell, Debbie Morgan, Don Sheets, Jay Bradshaw, Paul Marcolini, Shawn Cordwell, Stephanie Cordwell, Joanne Lebrun, Norm Dinerman, Ben Zetterman, Rachel Williams, Andi McGraw, Sean Tuemmler, Bob Brown, Rick Petrie

“The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this board/committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Board/Committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent.”

MDPB Agenda – Meeting begins at 0900

- 1) Introductions –Sholl – 0900-0905
- 2) September 2020 MDPB Minutes – 09005-0910
 - a. Motion to approve the minutes made by Dr. Bohanske, with Dr. Pieh seconding. Discussion.
Motion passes
- 3) State Update – 0910-0925
 - a. Medical Director’s Resources
 - b. CARES/Heart Rescue/RA
 - c. EMS-C
 - d. Dr. Sholl- one of our hospitals is interested in using data to populate data from Image Trend to populate their data for the trauma registry. They need to be able to access data for patients who are being transported out of their facility. Question, can hospitals access data for patients being transported both in and OUT of their facilities?
 - i. Sam Hurley
 1. One facility has purchased the Image Trend software for the Trauma Registry. Image Trend offers the capacity to automatically import the date from our MEFIRS PCRs. The issue is that we have to authorize them to do that. Problem is that they were initially only authorized to get the data for patients coming IN,

and not OUT. So, the decision to be made here today is to authorize them to import the data for patients going OUT of their facilities.

- a. Questions from MDPB??
2. Dr. Bohanske motions to grant access. Seconded by Dr. Sholl. Discussion.
 - a. Dr. Lowry- is there any downside to doing this? Dr. Sholl- one alteration to consider is to extend approval to all hospitals, not just the sending.
 - b. Norm Dinerman (from chat) *Regarding EMTALA, the statute requires that the referring (sending) hospital use personnel and equipment appropriate to the patient's transport. It does not specifically state that the referring hospital retains "responsibility" for the management of the patient during the transport.*
 - c. Sam Hurley- there is also a New Hampshire (NH) hospital which has requested access to hospital hub because they are receiving patients from Maine. If MDPB is authorizing access for all hospitals in Maine, you may want to authorize access for hospitals also receiving patients from Maine.
 - d. Dr. Bohanske amends his motion to include all hospitals.
 - e. Motion Carried
3. Dr. Sholl addresses the NH hospital issue brought forth above with the group.
 - a. Motion made by Dr. Sholl to allow NH hospital to access hospital hub for purposes of accessing information for patients coming into their facility from Maine.
 - b. Motion seconded. It was not recorded by whom. No discussion
 - c. Motion Carried.
4. Sam Hurley discusses BinexNOW antigen testing cards from Abbott labs. This is a simple test to perform for COVID.
 - a. Not a very effective screening tool for asymptomatic subjects that are positive.
 - b. Idea is to use this for EMS, FIRE and POLICE who present with COVID-like symptoms. If we can do this, we can rule out COVID 19.
 - c. We have developed training on how to use this test, deploy it, and do reporting on it.
 - d. This is an anterior nares swab test, unlike the previous swab test.
5. Sam Hurley discusses the "EMS Playbook." Questions are fielded from the group.
- ii. Discussion of proposed legislation requiring healthcare providers to get influenza immunization, except for religious exemptions. This does not apply to EMS clinicians.
 1. Dr. Pieh- I don't understand why EMS is exempt if EMS is healthcare worker?
 2. Sam Hurley- it's a definition issue in the document that defines healthcare workers in the context of the document.
 3. Dr. Pieh- I'd propose that MDPB recommend as a group official request to DHHS modify the proposed rule change that EMS clinicians be included as healthcare providers in that legislation. Motion made by Dr. Pieh and seconded by Dr. Zimmerman. Discussion.
 - a. Dr. Sholl asks, if this passes, what is the best way to execute this? Draft of a letter?
 - b. Sam Hurley- if that's the sentiment, you could submit a comment, for the public comment process, suggesting revision of definition for this particular rule that it apply to EMS.
 - c. Questions regarding existing requirements for EMS clinician vaccinations. Sam Hurley advises that there is nothing in statute. Any

requirements are usually organizational or only in the schools conducting training programs.

- d. Motion is carried
 - e. Dr. Sholl suggests that Dr. Pieh draft the recommendation letter.
- 4) Special Circumstances Protocol Review – NONE
 - 5) New Devices– NONE
 - 6) UPDATE –Medication Shortages – Nash /Zimmerman/All – 0945-1000
 - a. Nothing new to report. Fentanyl has potential to become in shortage. But that depends on COVID population circumstances.
 - b. Acetaminophen issue.
 - 7) COVID-19 – 1000-1010
 - a. Dr. Sholl
 - i. Most of this discussion has been happening in the Monday meetings. Next one is 26 Oct 2020.
 - b. Dr. Pieh
 - i. There has been discussion of flu shots and encouraging them for EMS agencies. I have one service that is proactive on this. They've seen a drop this year in demand for the shot. Concerns for awareness and are there other services seeing this trend. Don't believe this is due to getting vaccination elsewhere, but just outright refusal of the vaccination offer.
 - ii. Discussion among the group regarding vaccination for EMS clinicians.
 1. Dr. Lowry discusses addressing surge plans, and handling interfacility transports.
 - c. Discussion among the group of items relating to spike in COVID cases in the state.
 - 8) 2021 Protocol Update –All – 1010-1100
 - a. 2021 Protocol Timeline review – Sholl/Zimmerman/All
 - i. Dr. Sholl reviews timeline with the group and shares the document for the group.
 - ii. Dr. Saquet has Gold work ready to go. However, there is too much work pending elsewhere to get to this. Propose we may need to spend extra time in August in order to complete the items in the timeline or adding additional sessions for this work.
 - b. Protocol Discussion Forums – Sholl/Zimmerman/All
 - i. Did not have one in October.
 - ii. Next meeting Nov 5th at 1230. Dr. Sholl asks all present to consider joining the discussion forum.
 1. Dr. Zimmerman- another option is to schedule another meeting somewhere. Dr. Sholl- is it easier for group to add another day, or extend a regular meeting? Feedback and discussion from the group ensues.
 - c. 2021 Protocol Discussion
 - i. Red Section – Bohanske/Ritter/All
 1. Red 18 Bradycardia
 - a. Anecdotal issue: several cases in regions of TCP used in OHCA. Most commonly in post-ROSC bradycardia
 - b. Not quality mechanical capture.
 - c. Proposal
 - i. Insert language to check for mechanical capture every 2 mins when pacing for bradycardia
 - ii. Add Pearl info that “post-ROSC bradycardia is peri-arrest state. Caution in pacing advised...”
 - iii. Discussion on thoughts.
 - iv. Motion by Dr. Pieh and seconded by Dr. Bohanske to accept language for proposed PEARL. Discussion. Motion carried
 - ii. Yellow Section follow up – Zimmerman/Nash/Sholl/All
 1. Tabled due to time

- iii. Aspirational Goal – Gold Section – Saquet/Ritter/All
 - 1. Tabled due to time
- 9) Follow Up – embracing operational physicians
 - a. Tabled due to time

Old Business – 1100 - 1110

- 1) Ops
 - a. Debbie Morgan gives summary of last meeting
 - i. Sam Hurley discussed Maine EMS Playbook
 - ii. Each office gave updates.
- 2) Education – Chris Azevedo
 - a. EdComm- TC standards update
 - b. Exam- PSEs
- 3) QI
 - a. Jason Oko
 - i. Cardiac Arrest newsletter work being done.
- 4) Community Paramedicine
- 5) Maine Heart Rescue
- 6) Dr. Pieh- looking to move forward with identifying appropriately trained and screened physicians as EMS operational physicians. Sam Hurley feels they need statute change to allow flexibility for MDPB and EMS Board to define parameters. Need to draft specifics regarding what those credentials would be.
 - a. Sam Hurley advises that there is currently no statutory authority to establish level for physicians. Need statute authority to do this, with flexibility to allow Rules to define specifics.

Motion to adjourn made by Dr. Zimmerman and seconded by Dr. Pieh. Adjourned at 1108 hrs.

Ongoing Items for Future Discussion:

PIFT protocols – Tilney/Sholl

The LFOM CPC Meeting will begin at 1115. The QI Committee meeting will begin at 1330.