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 – March 17, 2021
Conference Phone Number: 1-646-876-9923 **Meeting Number:** 81559853848
Zoom Address: https://mainestate.zoom.us/j/81559853848

Members present:	*Matt Sholl, Benjy Lowry, Beth Collamore, Kate Zimmerman, Kelly Meehan-Coussee, Mike Bohanske, Pete Tilney, Rachel Williams, Seth Ritter, Tim Pieh, Bethany Nash, Dave Saquet, Adam Thacker*
Members Absent:	*Claire DuFort*
MEMS Staff:	*Chris Azevedo, Marc Minkler, Melissa Adams, Sam Hurley, Darren Davis, Jason Oko*
Stakeholders:	*Chip Getchell, Dan Pugsley, Debbie Morgan, Jonathan Busko, Phillip MacCallum, Rick Petrie, Sean Tuemmler, Shawn Cordwell, Stephanie Cordwell, Norman Dinerman, Ben Zetterman, Jay Bradshaw, Paul Marcolini*

"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 0930

1) Introductions- Dr. Sholl
2) Approval of Feb 2021 MDPB Minutes – 0935-0940
    a. Motion made by Dr. Zimmerman to approve minutes with changes discussed. Motion seconded by Dr. Lowry. No discussion. Motion is carried.
    b. Discussion by Dr. Sholl regarding using professional titles and names in the minutes.
3) State Update – 0940-0955
    a. Director Sam Hurley
        i. No updates to report.
        ii. Dr. Zimmerman asks regarding vaccination numbers.
            1. Director Hurley shares his screen and discusses the vaccination numbers.
                a. 19,254 vaccinations as of this morning. Reviewed the breakdown of types of vaccines given and demographics. 70-80% anecdotally were vaccinated – we may not capture everyone.
        iii. Dr. Ritter asks if there is an RFP out for an alternative ePCR system
            1. Director Hurley
                a. Yes, it is time to consider that. It should be noted, however that there are very few products that provide all the resources we would need. Mentions only two products. ESO is the other one, versus Image Trend.

2. Dr. Ritter states it's interesting we usually pick only one product to fulfill one rather disparate mission. Asks to consider other products, possibly stand-alone products for specific functions.

iv. Director Hurley

1. LD 5 is being signed by the governor this week, which will require Maine EMS to enter a rule making process. This bill allows Maine EMS to receive data from hospital-level outcome data. Emergency preamble to the bill that allows for this.

b. Dr. Sholl

i. Update on Jackman Project. Has been picking up in the last few weeks. Asks that members start reviewing information so that when the focus group is ready to come back to MDPB, all are refreshed on the pertinent information.

4) Maine EMS IRB – NNE CTR FAST-ED Project - 0955-1010

a. Dr. Sholl discusses this project.

i. Jo Horn is not here today (typically our public member). She recently moved away from her position at ME General and is no longer available. Sam is working on an IRB process, so we have not filled this slot. It will be just the attending MDPB members. Matt and Kate will be abstaining from the vote as both are involved in the study.

b. Dr. Zimmerman gives overview of project

i. Materials sent to members last week. Looking at implementing and validating FAST-ED score in the pre-hospital setting. Working with NH and VT.

ii. Hypothesis #1- EMS clinicians can perform the FAST-ED and the resultant number is comparable to the score at arrival to the ED. Comparing ED FAST with EMS ED FAST

iii. Hypothesis #2- use will correlate to presence of LVO and result in transport to appropriate treatment centers.

iv. First goal is to implement and validate FAST-ED. Implementation is already underway. Now working to validate it. Looking at patient outcome data as well.

v. MMC, UVM and Dartmouth are 3 academic medical centers, and EMS from ME, NH and VT.

c. Dr. Sholl

i. There are issues of private information involved. Discusses determination of risk and data use agreement. Reads from and goes over materials already distributed to MDPB members.

ii. Turns over discussion to the group.

d. Motion made by Dr. Pieh to approve the project and seconded by Dr. Meehan-Coussee. No discussion. Motion is carried.

5) Special Circumstances Protocol Review

a. None submitted this month.

6) New Devices

a. None submitted this month

7) UPDATE – Medication Shortages – BN/All – 1010-1020

a. Dr. Bethany Nash

i. Atropine syringes are in shortage. Those services with imminent expirations may find replacement difficult.

8) COVID-19 – 1020-1030

a. Dr. Sholl

i. Meetings continue on 2nd and 4th Mondays. Thanks to all of the EMS services providing vaccination efforts in support of force protection and public vaccination. Those efforts have been tremendous.

ii. Also discussed the importance of maintaining protective posture and not yet relaxing PPE and procedures. While numbers in the public may be going down, we are not there yet in the hospital or EMS environment.
iii. Director Hurley adds from chat:
1. "Huge thanks to the Maine EMS office staff... they have done INCREDIBLE work
2. it's not me... it's them"
3. https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/20210311-Ops-Bulletin-RE-US-CDC-Guidance-and-Masking_0.pdf

9) 2021 Protocol Update –All – 1030-1250
a. Review Timeline
i. Dr. Sholl shares his screen with the group. Displays timeline chart that is currently available on the Maine EMS website and reviews it with the group.
ii. Dr. Sholl relates the following regarding the objectives on the timeline:
1. Dr. Tilney has PIFT to discuss
2. Dr. Zimmerman has been working on canine protocols as well
3. Most change documents are developed. Need to circle back to the Red section change document.
4. Maintaining pace on draft protocol versions, and also posting them on the Maine EMS website.
5. Have begun change summary document. Working on this with Dr. Zimmerman
6. Would like also to discuss white papers.
b. Protocol Discussion Forums – review Thursday March 11, forum
i. Dr. Meehan-Coussee covers material that was discussed for the group.
1. There were EMS providers that joined us. Most of what she took away from the discussion was that providers were eager to hear what MDPB is doing and noted that they liked this process so as to be updated as to what we are doing/where we are.
2. Reviewed the gold and green sections and covered some of the work in the pink.
3. Marc Minkler presented a graphic on OB/PEDS hospitals, which Dr. Zimmerman found to be very helpful.
a. Marc Minkler adds from chat
i. "If interested, the map of hospitals with birthing capabilities per DHHS is on the Maine EMSC page at https://www.maine.gov/ems/sites/maine.gov.ems/files/inline-files/Birthing%20Hospitals%20Maine%202018.pdf"
ii. Dr. Sholl stated there haven't been any other additional forum meetings for protocol work. But there is still a need for one and that MDPB would work on scheduling one. Discusses tentative scheduling for an additional meeting. Thanks to staff members and clinician attendees who have attended these forums.
iii. Dr. Meehan-Coussee
1. Dr. Pieh and I were reflecting upon different ways we could roll out education (for topics pertaining to the protocol changes). We had such success with town halls with COVID, perhaps MDPB members could think of a similar town hall for putting out their own content changes.
2. Dr. Sholl agrees that finding different ways to create opportunities to put out the information which are different from the current ones, is beneficial and discusses aspects of having both online and in-person meetings. Asks the group to consider for April MDPB meeting for discussion.
3. Dr. Nash asks if MDPB will be sharing a meeting with EdComm, as we have done in the past?

a. Dr. Sholl- notes - need to consider that. This has been helpful in the past. I will reach out to them to find an agreeable time for all to do so. April has historically been the time to do so.

c. Continue Pink Section – Saquet/Sholl/Williams/All
   i. Dr. Saquet shares his screen and protocol changes with the group.
   ii. Dr. Sholl reviews previous changes to Pink section and other sections (Blue) where pediatric work has been done to this point.
   iii. BRUE
      1. Removed ALTE verbiage.
      2. Age change to 1 year old advocated.
      3. Dr. Ritter makes the motion to accept the changes. Motion seconded by Dr. Zimmerman. No discussion. Motion is carried.
   iv. No changes to next two Pink section protocols – inspiratory stridor and neonatal and young infant fever
   v. Childbirth protocol
      1. A number of items updated at suggestion of EMS-C committee.
      2. Dr. Saquet reviews
         a. Idea of changes was to give the clinician the 3am view of plan of action.
      3. Dr. Sholl discuses Marc Minkler's suggestions for changes in transportation recommendations.
         a. Skin-to-skin if stable, keep warm. Allows minimum of 15 minutes on scene to allow for this.
         b. Working on language to support utilization of appropriate devices to support infant warming.
            i. Marc Minkler is doing work on this and looking into devices that would be recommended with consideration of avoiding injury/burns to the infant (prior memo) and need to be mindful of max temperature with these devices.
            ii. Concerns present about institutional memory across the agencies. Does the benefit outweigh the risk?
            iii. Dr. Sholl emphasizes that these devices would be exclusive for use with neonates and for maintaining patient warmth, not for re-warming hypothermic patients.
            iv. Marc Minkler discusses that need for warming device was suggested by several OB hospitals. Discusses intended uses for warming support devices like the trans-warmer. These devices were developed specifically for infant/OB environment and specifically to maintain patient warmth and not to remedy hypothermia in this or any other patient population.
            v. Dr. Zimmerman suggests using a PEARL noting the above, possibly with reference to the prior memo.
            vi. Dr. Sholl suggests inserting note into protocol stating that infant warming packs are not heat packs.
         c. Dr. Meehan-Coussee suggests that instead of "using MEMS approved warming pad," we could say "place wrapped infant on a MEMS approved warming pad."
      4. Dr. Saquet continues the protocol discussion.
         a. Protocol discusses high-risk/low frequency events.
         b. Dr. Sholl- this was all based on work done by various groups and comes from the NASEMSO National EMS Model Guidelines Project.

c. Dr. Collamore- recalling conversation, under maternal arrest. Discussed somewhere that it doesn't matter which side uterus is displaced to. This hasn't been changed in the protocol.

5. Dr. Sholl summarizes suggestions
    a. Warming pad language
    b. Adding photos re warming pads to protocols
    c. Dr. Meehan-Coussee's suggestion
    d. Manual displacement language
    e. Marc Minkler suggests verbiage – consider wrapping infant in a warming pad and then placing on a warming pad.
        i. Dr. Saquet- being prescriptive in this case is a good idea, especially with an infant.
        ii. Dr. Sholl- wrap newborn in a blanket. Consider placing baby in a MEMS approved warming pad. Hot packs are not warming devices. Never place an infant directly on top of a warming pad.
    f. Discussion of alignment with peds hypothermia warming protocol.
        i. Pieh- longer conversation, should leave hypothermia protocol as is and revisit later.
    g. Motion made by Dr. Meehan-Coussee to approve peds protocol changes. Motion seconded by Dr. Collamore. No discussion. Motion carried.

vi. Neonatal resuscitation protocol
1. Dr. Saquet
    a. Inserted "as needed" with supplemental O2.
    b. Received constructive input about value of adding in Epi dosages here. Also, supplemental O2 and advanced airway language.
2. Marc Minkler adds that the NRP course is coming out with new edition which contains no significant changes from what's in this protocol. Just FYI.

vii. Motion made to accept changes in the neonatal resuscitation protocol by Dr. Saquet and seconded by Dr. Collamore. No discussion. Motion carried.

d. Discussion – Orange – Bohanske/Collamore/All
i. Dr. Collamore
1. Move Gray 16 (Transport of Mentally Ill Patients) into the Orange section, as it is a natural inclusion for that section.
2. Dr. Saquet- If Gray 16 is moved, then the line "refer to Gray 16 for transport" needs to be removed.
3. MEFIRS will be updated for documentation of the SI patient.
4. Restraint
    a. Proposal to change "decreased loc" to "altered LOC" to take into account patient agitation.
    b. Number 10- also document de-escalation techniques used prior to applying restraints, when documenting application of restraints.
    c. Number 14-pointing consider pharm mgmt. if patient is physically restrained, because restraint is traumatic

ii. Dr. Bohanske points out NAEMSP literature which actually supports the contents of the Orange protocol.
1. Dr. Pieh makes the motion to approve changes thus far. Motion is seconded by Dr. Meehan-Coussee. Discussion. Motion amended to add spelling corrections.
    a. Dr. Zimmerman- discusses difficulties for LEO accompaniment in some regions, with regard to this protocol. State police are often detailed to

their vehicle and cannot have anyone else (non-MSP) drive them, nor can they leave their vehicles.
b. Dr. Sholl suggests discussion of alternatives at a future meeting.
c. Motion is passed.

2. ETOH protocols
   a. Dr. Collamore- Interested in adding a protocol surrounding intoxication, withdrawal and DTs in protocol. So, modeled a protocol proposal.
   b. Discussion of various aspects of the protocol by the group. `
   c. Dr. Sholl suggests revisiting this protocol at the next meeting, in consideration of the time.

e. Discussion – interfacility transfer – Tilney/Sholl/All
   i. Dr. Tilney
      1. Discusses issues in updating PIFT
         a. Updated medications
         b. How do we update it to meet current needs?
      2. Shares screen to show PPT presentation.
         a. Discussion of patient stability, defining it and decision tree.
         b. Proposal
            i. Update meds and medical therapies
            ii. Update education
            iii. Partnership with individual hospitals
            iv. Partnership with individual medical directors
               1. Needs to be an active, participatory medical director, rather than a figure head on paper
            v. PIFT 2021- MDPB needs to define the lanes and the scope of practice
            vi. Dr. Tilney asks for feedback from the group: do you think this is complete?
               1. Reviews list of current medications and asks the group to review.
                  a. Additional meds and therapies?
                  b. Goal- in a month or two, come back to group with an update for review.
               2. System oversight and external validation
                  a. Should this be reviewed annually and see how they are doing with their education, competency assessments, protocols, QI and med director oversight?

      3. Thoughts on proposal
         a. Dr. Collamore
            i. Bigger piece of PIFT is stability, not so much medications.
            ii. Most of focus appears to be on the meds that can be monitoring, but it really needs to be stability decision.
            iii. Dr. Tilney
               1. Agrees. And it is critical to provide the education that will be involved in making the determination. Education to both staff and to the Medical Directors
            iv. Dr. Zimmerman
               1. From receiving facility perspective, these are med started at sending facility, correct? And what about medication titration? Raises concern re:

determination of stability and hospital transportation resources when the patient is not stable.

v. Dr. Sholl adds that in the future, we need to be clear regarding the standards.
vi. Dr. Meehan-Coussee
    1. Expresses multiple current and historical concerns regarding PIFT transport, and how ACEP might help address this.
vii. Dr. Nash
    1. Having a specific list of meds will be helpful.
    2. We transport patients from floor to facilities and request PIFT. Discusses the benefit of hospital level resources to support physician decision making re: transport asset sent.
viii. Dr. Tilney
    1. Lack of feedback to sending hospital from receiving hospital makes patient follow up by either facility difficult. Physician PIFT hospital contacts are needed.
ix. Dr. Saquet
    1. Like idea of having a physician contact person at all facilities.
x. Dr. Tilney
    1. Biggest ask will be getting each hospital to create a PIFT Medical Director position.
    2. Would like to send synopsis and SBAR to all. PPT can be sent if desired. Would like your feedback on the ideas presented in the materials. Would like to have at April or May meeting, an opportunity to go over feedback and changes.

f. Discussion – remaining steps in the protocol review process -Sholl
    i. White Papers
        1. Dr. Sholl
            a. What topics should be covered by a white paper?
                i. Dr. Sholl discusses some ideas:
                    1. Hospice
                    2. Gray section: Death with dignity, hospice, crime scenes, bariatric patients
                    3. Head injury (with TAC)
                    4. ETOH/Withdrawal/delirium tremens
                    5. Homeless populations
                    6. Open fractures
                    7. Substantive changes to various protocols
                    8. Scope of practice- specific and in general
                ii. Dr. Bohanske- IV Tylenol
                iii. Dr. Meehan-Coussee- what is the goal for having white papers done? Dr. Sholl - 1 May 2021.
                iv. Dr. Zimmerman- Canine
                    1. Dr. Sholl- canine is relatively exclusive to services having MOUs with services with working dogs. Might be helpful in highlighting the nature of accessing those protocols. Dr. Zimmerman adds that it would

be a good preamble to the canine protocols, themselves.
2. Draft protocol due one week prior to next MDPB meeting

v. Dr. Dinerman
1. White papers are helpful where there is controversial practice or philosophy. This represents opinion of a group of experts. May not want to write one where there is a philosophical difference.

vi. Dr. Zimmerman- discusses cyano kits? The topic of why we don't always give these always comes up downstream when there is an incidence.
1. Dr. Sholl- interest in building out a white paper or FAQ?
2. Dr. Zimmerman – FAQ would be better.

vii. Dr. Sholl- section authors should review their section for material that may be appropriate for white papers.
1. Dr. Sholl- scope of practice
2. Dr. Meehan-Coussee – IV Tylenol
3. Dr. Zimmerman – canine protocols
4. Dr. Saquet- OB Changes, Sepsis/shock/pressors
5. Draft to due to Dr. Sholl the week prior to next MDPB meeting.

ii. Education Committee Outreach
1. Reminder- clean up slides to reflect conversation and submit for use by EdComm for development in education

iii. Maine EMS Formulary Facts
1. Dr. Sholl shares "Formulary Facts" paper that details various figures regarding uses of medications
2. Discussing adding this paper as an appendix to the protocols in the app or otherwise.
3. Dr. Nash- this would tidy things up a bit. This will have definitions regarding various administration techniques.

Old Business – 1250 - 1300

1) Ops
   a. Debbie Morgan, Region 5 Coordinator
      i. Ops met twice since last MDPB meeting
      ii. Met to discuss regional contracts. Discussions on what it might look like. Sam will make presentation at next board meeting
      iii. Rules concerning distance learning
      iv. Guidance document for mutual aid plans
      v. Rules change document
      vi. LODD book final draft to go to board for approval
      vii. Maine EMS week.
2) Education
   a. Nothing new to report.
3) Community Paramedicine
   a. Jason Oko

        i. Working on education pieces with EdComm for MEMSEd platform.
        ii. Working on protocolizing CP guide
4) EMS-C
    a. Marc Minkler
        i. Finishing up EMS service survey regarding their peds education
        ii. Survey of all ERs in the state to begin 1 May. Surveying peds readiness. Seeking input from hospitals on who the best person is to fill out the survey.
        iii. Presented to MACPM, on collaborative midwife education regarding what EMS does. Influenced by QA work with Dr. Bohanske that has involved midwives.
5) Trauma Advisory
    a. Dr. Zimmerman
        i. Revising trauma plan is currently being revised.
        ii. Next meeting of the Trauma Advisory Committee is in April
6) Maine Heart Rescue
    a. Nothing to report.
7) Cousee asking about MDPB retreat
    a. Will discuss offline regarding how we are going to meet, dates, in person vs online, etc.
    b. Zimmerman- right now, it's scheduled for Friday, 23 Apr

Motion to adjourn made by Dr. Bohanske and seconded by Dr. Zimmerman. Meeting adjourned at 1309 hrs.

The QI Committee meeting will begin at 1330.