



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 – September 15, 2021**  
**Conference Phone Number:** 1-646-876-9923 **Meeting Number:** 81559853848  
**Zoom Address:** <https://mainestate.zoom.us/j/81559853848>

**Members present:** *Matt Sholl, Beth Collamore, Bethany Nash, Kelly Meehan- Cousse, Mike Bohanske, Seth Ritter, Tim Pieh, Rachel Williams, Benji Lowry, Dave Saquet, Kate Zimmerman*

**Members Absent:**

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

**Stakeholders:** *Jason Cooney, Matt Nadeau, Sally Taylor, Brad Chicoine, Chip Getchell, Cody Fenderson, Jay Bradshaw, Joanne Lebrun, Dr. Jonathan Busko, Phil MacCallum, Rick Petrie, Rob Sharkey, Dr. Norman Dinerman, Dan Pugsley, Andrea McGraw, Dominic Dinelli, Steve Smith, Butch Russel, J. Lahood, Eric Wellman, Sean Donaghue, Chris Pare*

**MDPB Agenda – Meeting begins at 0930**

- 1) Introductions –Sholl – 0930-0935
  - a. Roll call.
- 2) August 2021 MDPB Minutes – 0935-0940
  - a. Motion to accept the August minutes made by Dr. Collamore and seconded by Dr. Zimmerman. No discussion. Motion is carried.
- 3) State Update – 0940-0955
  - a. Director Hurley
    - i. Working with Office of Behavioral Health for naloxone distribution kits.
      1. Finalizing graduate student work on training for naloxone leave-behind program. Will be rolling out on MEMSEd as soon as possible.
      2. EMS clinicians should take the course prior to dispensing naloxone.
    - ii. Maine EMS has received another grant specifically for substance use disorder and opioid work- \$7million. Discusses additional position staffing to which this grant will be applied for the grant work.
    - iii. Maine EMS did make the purchase of adult version of virtual reality training, along with 10 licenses.
    - iv. Discusses systems of care for stroke, STEMI/cardiovascular and trauma and the possibility of brining on two position to Maine EMS- systems of care coordinator and for community paramedicine.
    - v. Update – MDPB BLS position posting
      1. Sholl- Posted and it closed in August. All responses came after deadline. Re-engaged with respondents. Please reach out if you are interested. This is a BLS position.

2. Will need to have discussion about orientation of positions as they come onboard.
  - a. Dr. Pieh asks about closure date. Several college EMS agencies exist. May be an idea to reach out to them for interest.
- 4) Special Circumstances Protocol Review – NONE
- 5) New Devices– NONE
- 6) Pilot Program – Jackman Pilot Project – 940 - 1010
  - a. Dr. Sholl discusses scope of work that has been done with the work group.
  - b. Background – Dr Busko
    - i. Dr. Sholl shares screen and slide presentation on “Critical Access Integrated Paramedic Pilot Project Proposal: The moose River Valley Urgent and Emergency Care Project” NEMH in partnership with Penobscot Valley and St. Joseph’s. Dr. Busko presents.
  - c. Dr. Sholl fields discussion on this presentation.
    - i. Dr. Zimmerman
      1. We carefully examined and walked through the scope of practice and all procedures with the understanding that there will be tight QA and supervision with this. There will be rapid report to the Board regarding performance and outcomes.
    - ii. Dr. Tilney
      1. Asks if any parts of this have gone into effect? Does this Board have to approve this?
        - a. Dr. Busko- MDPB has to review and sign off and then EMS Board has to approve. Contracts all also have to be completed prior to this being put into effect.
    - iii. Dr. Ritter
      1. Discusses how delegated practice will work and asks where authority and regulation and practice will fall.
        - a. Dr. Busko- if in scope of paramedic, licensee reported to Maine EMS Board. Physician would report to Maine Board of Medicine.
        - b. Dr. Sholl and Director Hurley discuss source of authority for scope of practice and authority to practice for this project.
        - c. Dr. Ritter expresses concerns regarding apparent gaps in designated responsibility for scopes and authority to practice.
    - iv. Dr. Pieh
      1. Discusses perspective on the process the MDPB sub-group went through in reviewing scope and authority aspects of the project.
    - v. Dr. Meehan-Coussee
      1. Discusses her experience and perspective as a project reviewer.
    - vi. Dr. Bohanske
      1. Asks, whether location of care plays a role in the system design.
      2. Dr. Busko- anytime clinician is acting as a paramedic, that’s when they’re using these protocols.
      3. Dislocation/reduction protocols, pain management, but not procedural sedation. What can we put in place to ensure paramedics are not in procedural sedation when they didn’t mean to be?
        - a. Dr. Busko - nothing structural you can put into place. Paramedics aware they can’t do it. Physicians aware Paramedics can’t do it. We can cease using the protocol is something untoward happens.
    - vii. Dr. Tilney
      1. Asks about use of protocols a different NEMH bases.
      2. Dr. Busko- this is only for one location, as approved. But, if this is going well, we might ask that we be allowed to use this at other locations as requested, but it would have to be approved for us to do so.

- viii. Dr. Sholl
    1. Discusses “foreign body removal” protocol and shoulder dislocation protocols . Discussion amongst the group.
    2. Ocular irrigation- part of current scope of practice, including Morgan lenses. But anything flushing, requiring pH evaluation, patients should be transported to the hospital.
      - a. Dr. Busko- suggests this be deleted from project protocol, since it already exists in standard EMS protocols.
      - b. Dr. Sholl- reads protocol, which mentions pH testing.
  - ix. Dr. Sholl
    1. The ask for MDPB today is to consider approval of this project
    2. Motion to approve made by Dr. Saquet and seconded by Dr. Meehan-Coussee. Discussion.
      - a. Dr. Lowry asks, “what’s the process after this leaves MDPB?”
      - b. Dr. Sholl- MDPB has been asked to review this. From us, this goes to EMS Board for consideration and final approval. From then on, this project is set to proceed, regarding Maine EMS. However, there are contractual items to be completed before it does proceed.
      - c. Motion carries.
      - d. There is a short discussion of getting information to EMS Board for their review and decision making.
- 7) UPDATE – Medication Shortages – Nash/All – 1010-1015
- a. MEMS Formulary
    - i. Dr. Sholl- work on updating this is ongoing with Dr. Nash. Reports to follow as progress is made.
  - b. Dr. Nash
    - i. Had been asked about naloxone shortage. There is nothing apparent. Nothing further to report.
- 8) COVID-19 – 1015-1030
- a. Dr. Sholl
    - i. Received questions regarding activation of low-risk patient dispensation protocol (pandemic). Discusses this. There are a lot of safety measures built into that protocol- discusses specific items in the protocol. There are safety measures also, in the form of leave behind instructions and patient follow-up process.
      1. We noticed that safety measures were not always being utilized. We are now seeing bigger surges than at any time yet in the pandemic.
      2. We want to be very careful about how we roll this out, if needed. Not sure we are at that point yet.
      3. Asks for discussion and thoughts.
    - ii. Dr. Meehan-Coussee
      1. Ok with rolling this back out. Seeing anecdotally young healthy adults with COVID, as well as children testing positive and coming into ER with concerns that s/s going on longer than expected. I haven’t seen people calling for ambulances in these populations, but I’d like to get ahead of this.
    - iii. Dr. Saquet
      1. Our ICU is full. We’re seeing high COVID numbers in the ER. There are some people coming in. Can’t imagine it would be a bad idea to put this out there for people who might consider ambulances as this continues to ramp up for some time. Though we might not be there yet, it might behoove us to get ahead, so we can stay ahead.

- iv. Dr. Sholl
  - 1. Agrees ICUs are where the strain currently is. Not sure COVID is exclusively the cause of this. Discusses vulnerabilities of rolling this out again stemming from inappropriate application of protocol in the past.
  - 2. Dr. Bohanske- recommends holding for reasons discussed. Dr. Lowry supports not rolling out again. Motion to hold is made by Dr. Bohanske and seconded by Dr. Lowry. Discussion.
  - 3. Dr. Sholl asks if group supports maintaining this a standing topic for monthly COVID update meetings. Some agreement in group.
  - 4. Motion passes.
- 9) 2021 Protocol Update –All – 1030-1200
  - a. Status of the protocol review process
    - i. Dr. Sholl discusses progress, debrief, next steps.
  - b. Discussion: Status of the Educational Product – Sholl/Azevedo/Educational Committee members present
    - i. Chris Azevedo gives quick brief.
  - c. Discussion – plan for debriefing the 2021 Protocol Update Process – meeting/date
    - i. Including future of the education for upcoming protocols
      - 1. Dr. Sholl discusses doing this in December
  - d. QI Markers in the Protocols – MS/KZ/all
  - e. Dates for Zoom education train the trainers
    - i. Discusses roll-out train the trainer sessions.
- 10) Discussion - Physician Response – TP/MS/All – 1200 – 1230
  - a. Dr. Sholl discusses progress on plans to support operationalization of physician response on EMS calls.
    - i. Have sat in on conversations with other states regarding prehospital physician field response. Dr. Pieh has started preparing documents which will outline how this may be set up in Maine.
  - b. Dr. Pieh shares his screen and discusses the framework plan at this point.
    - i. Used Pennsylvania template and adapted it for Maine needs.
    - ii. Started to bullet out criteria for appropriate physician to be responding.
    - iii. Want to ensure these physicians already have a credentialing process. Maine EMS does not want to have to credential these physicians.
    - iv. Discusses criteria qualifications for physicians.
    - v.
- 11) Report – Portland Fire Department/MEDCU Mobile Medical Outreach Pilot Project report - 1230-1245
  - a. Chief Sean Donaghue
    - i. Dr. Sholl shares screen and slide presentation.
    - ii. MMO Pilot Program monthly report
      - 1. Statistics- 86 total interactions (11 repeat clients)
      - 2. Staffing: July- 10 days; /august 33; Sept- 3 days
      - 3. Collecting data for DHHS program, also putting data in MEFIRS
      - 4. Discusses client demographics and comparisons
      - 5. Interactions by protocol
      - 6. Transports- patient assessment findings
  - b. Dr. Sholl queries the group regarding frequency of reporting.
    - i. Drs. Bohanske and Collamore suggest it should be monthly and suggest adding slides showing statistics.
- 12) PIFT
  - a. Tabled until next month’s meeting. Dr. Sholl describes work items in progress regarding PIFT update.
- 13) Dr. Sholl- asks that group please collect questions for FAQ that will be part of Protocol Update roll out and forward them to himself and Dr. Zimmerman.

14) Notice – upcoming agenda items

**Old Business – 1245 -1300**

- 1) Ops –
  - a. Sally Taylor- Nothing to report.
  - b. Joanne Lebrun- nothing to report.
  - c. Director Hurley
    - i. Regional coordinators about to begin working on QA program and assessment process. Will be working on this next Tuesday.
    - ii. Working on mental health resources in face of recent losses to the system.
      1. MEMS working to put out information on mental health issues throughout the state. Also working on additional partners and resources to support existing system.
- 2) Education –
  - a. Chris Azevedo – nothing further to report.
- 3) QI – Jason Oko
  - a. QI meeting today. Did not meet last month. Will be discussing newsletters (sepsis) and next subjects for newsletters.
- 4) Community Paramedicine – Jason Oko
  - a. Meeting regularly. Discussing open positions and process for filling them.
  - b. Working on education pieces.
  - c. Have purchased reporting pieces for community paramedicine
  - d. Dr. Lowry is new committee Chair.
- 5) Maine Heart Rescue – none
- 6) Other
  - a. Dr. Meehan-Coussee
    - i. Recently, ACEP sent out info about formation of new committees, including EMS committee.
    - ii. Every committee had EMS as a topic for something that they were focusing on. This includes acquisition of physician medical directors for each EMS service.
    - iii. Just to hear those without normal EMS focus, express a desire to support EMS is incredible.
    - iv. Thanks all who have supported her in taking on ACEP representative in the past year. This is her one-year anniversary.

**Ongoing Items for Future Discussion:**

PIFT protocols/IFT Committee – Tilney/Sholl

Motion to adjourn is made by Dr. Meehan-Coussee and seconded by Dr. Zimmerman. Adjourned at 1233 hrs.